THE
AMERICAN JOURNAL OF MEDICAL TECHNOLOGY

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The
AMERICAN JOURNAL
of
MEDICAL TECHNOLOGY

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DEDICATION

This issue of the AMERICAN JOURNAL OF MEDICAL TECHNOLOGY is dedicated

To the PROFESSION OF MEDICAL TECHNOLOGY,

To the MEDICAL TECHNOLOGIST whose interest lies in the advancement and recognition of his profession, as well as in the careful performance of testing tchniques,

and

To the three-fold categories of Recruitment: namely,

1. Recruitment of high school and college students to a career in medical technology.
2. Recruitment of all students in schools of medical technology to become certified by the Registry of Medical Technologists of the American Society of Clinical Pathologists.
3. Recruitment of all those holding certificates from the Registry to become members of their professional organizations.

To the field of Public Relations as it applies to the Medical Technologist and HIS PUBLIC: his PHYSICIAN, the LAYMAN, and OTHER MEDICAL TECHNOLOGISTS.

ABOUT MEDICAL TECHNOLOGY

A Survey

—Sr. M. ALCUIN, OSB and Students in Medical Technology

PART I

I. PROLOGUE

Chronological development in summary form of

1. The Clinical Laboratory
2. The "Approved School"
3. Board of Registry of M.T. (ASCP)
4. Medical Technology, the profession
5. Organizations for Medical Technologists
   a. ASMT—for all registered medical technologists
   b. Alpha Mu Tau Fraternity—for distinguished ASMT members
   c. Alpha Delta Theta Sorority—for student medical technologists

PART II

II. The Story: ABOUT MEDICAL TECHNOLOGY

A. Introduction
B. Research: A survey in medical technology
   1. Of underclassmen, upperclassmen, alumnae
   2. On time, circumstances, and individuals influencing choice of the profession
C. Summary
D. Conclusions

PART III

III. EPILOGUE: "Experiences" from the pen of the alumnae.

PART I: PROLOGUE

Summary of History of Clinical Laboratory

~~1888 Cornerstone laid for the hospital.~~

.... 1900 A small box in which the medical interns kept some solutions, and a microscope which stood in the emergency room of the hospital. This served to test urine and to make an occasional blood count.

1900-1905 A small room fitted up with a sink and a clinic in which the "box" occupied the important place. The "laboratory" was more or less under supervision; perhaps it shared space, personnel ~~with~~ and served the State Board of Health branch in doing milk, water, sputum and diphtheria ~~analyses~~. The "son of Dr. ——" or the doctor himself did the work.

1910 Site of "laboratory" moved nearer surgical unit. Microtome added to equipment—women trained to operate but supervision very likely in hands of medical man.

1915 Laboratory drifting with the circumstances provoked by World War I.

1917 Laboratory space expanded; "technicians" available—due to the foresight of medical doctors that "tutored" in their offices.

1923 "Supervisors" and "pathologists" made the laboratory take on an additional function, to educate other "technicians." Recruits usually high school graduates. "Clinical laboratory" defined.

1928 Stepping up process in both tests and teaching. Influence of Registry in the offing.

1932 Clinical laboratories examined by members of Council on Medical Education and Hospitals of the American Medical Association for clinical reasons.

1936 Clinical laboratories examined by same agency for merits as an "approved" school.

1942 Laboratory medicine greatly influenced by World War II.

Summary of History of "Approved Schools"

.... 1920 "Laboratories" in which busy practitioners, forced by necessity, or by disposition trained "boys" and later "girls" to do "tests."

1921-1923 Creation of formal training in "clinical laboratories"—mostly technical.

1928 Creation of a qualifying agency to standardize the "essentials" of a laboratory for training laboratory workers and to organize and certify laboratory workers. "Approved school" defined. Staff visitations.

1932 List of "Approved Schools" published for the first time.

1934 First standard examination conducted in an "approved school."

1936 Board of Registry and AMA council members merge on "approved school" visitations.

Summary of History of Board of Registry

.... Scarcity of even "dieners" in the medical field.

1922 First public pronouncement of training and classification of technologists.

1927 Presentation of rough draft of rules and regulations of a "Board of Registry of Medical Technologists under the auspices of the American Society of Clinical Pathologists," the Board of Registry, ASCP.

1928 Creation of Board of Registry of six pathologists who were:
a. To conduct a registry, issue certificates of registration and conduct a placement bureau;
b. To classify, upon basis of minimum essentials of training laboratory technicians and medical technologists.

1940 Creation of an Advisory Committee of Medical Technologists to the Board.

1950 Functioning Board now includes three medical technologists (M.T.-ASCP) and the original number of pathologists.

Summary of the History of the Professional Medical Technology

.... 1900 Helpers or "diener" or servant about the doctors' offices.

1905 "Diener" finding way into "clinical laboratory."

1910 "Diener" or relative of some one in medical field interested in "laboratory work."

1915 Miscellaneous group doing "simple tests."

1920 Appearance of individuals with training to supervise others "doing tests."

1922 Appearance of bulletins: "Courses in Medical Technology for Clinical and Laboratory Technicians," and formal courses in medical technology.

1923 Presentation of graduates in medical technology.

1928 Medical technology defined as a profession when the Board of Registry took authorized action.

1929 Program of rotation on major services in medical technology inaugurated.

1932 Waiver of national scope to classify as "L.T." and "M.T." all technologists. Medical technologists begin self organization.

1934 Qualifications in medical technology based on nationally conducted Board of Registry examinations for the first time.

1950 Pertinent action to publicize medical technology as a profession.

Summary of History of Official Organizations for Medical Technologists, The American Society of Medical Technologists

1932 About 20 medical technologists met to deliberate on a professional organization.

1933 American Society of Clinical Laboratory Technicians organized in Chicago with 42 present.

1934 In November, first copy of official organ appeared: The Bulletin of the American Society of Clinical Laboratory Technicians.

1936 Name of official organ changed to: THE AMERICAN JOURNAL OF MEDICAL TECHNOLOGY.

1936 Title for organization changed to American Society of Medical Technologists, the ASMT.

1947 Constitution and By-Laws revised to create present composite of constituent state societies.

1952 ASMT membership passes 5000 mark.

Fraternity

1948 Alpha Mu Tau Fraternity organized for "old medical technologists."

1951 Fourth annual convention in conjunction with ASMT 19th Annual Convention in Boston.

Sorority

1944 Alpha Delta Theta organized for students in medical technology.

1951 Chapters Alpha through Mu respectively in the following states: Minnesota, Michigan, Wisconsin, Kansas, Colorado, Indiana and Wyoming.

PART II
About Medical Technology

We have presented summaries in the PROLOGUE of the chronological developments of:

1. The Clinical Laboratory
2. The "Approved School"
3. The Board of Registry of Medical Technologists (ASCP)
4. The Profession: Medical Technologists
5. The Professional Organizations for Medical Technologists, viz.:
   a. The American Society of Medical Technologists (for registered medical technologist).
   b. The Alpha Mu Tau Fraternity (for graduates).
   c. The Alpha Delta Theta Sorority (for students in medical technology).

In these summaries we gave the reader an opportunity to note that in the past fifty years, the first twenty-five led to a creation of the clinical laboratory, and the second to the realization that from the clinical laboratory have been born two professions: Clinical Pathology and Medical Technology, both of which are here to stay.

Medical technology is a profession in which the members know and utilize the scientific principles that stem from the fields of chemistry, mathematics, physics, and the biological sciences, to recognize facts helpful to the doctor in making a diagnosis, in recognizing prognostic changes in his patient or facts helpful in medical research.

Who is the medical technologist? An individual, well versed

in the scientific principles mentioned above that can be applied to various technical procedures and uncover basic facts that aid the doctor directly or indirectly in the practice of medicine and medical research; the technologist completes a trio, the other two being the referring doctor and the pathologist. He must strike a nice balance in his duties to both of them since he is entrusted with the secrets of both.

The medical technologist and medical technology are not too well known. The uninformed think medical technology merely a transition from high school to being a helper in a doctor's office; others regard it as a transition from high school to being a nurse.

Medical technology is a profession. Webster defines "profession" as an "open declaration," a "calling" or "vocation ESPECIALLY NOT MECHANICAL." Thus medical technology is a calling—a natural desire to follow a walk of life that is scientific, more or less routine, demanding skill especially of the hands, an abundance of perseverance; and, as in all fields of exertion, reasonably good physical health and mental and emotional soundness. A "technician" is often confused with a "technologist." A "technician" can be defined really as "an operator of machines." A technologist has the "logus" or body of organized knowledge as well as the ability to operate machines. More often than not a medical technologist still has to answer to "technician," "laboratory worker," "laboratory technician," "medical technician"—all of which the properly trained medical technologist is not.

It is not too far-fetched to say that medical technology is an amalgam of several professions: Chemistry, bacteriology, microscopic anatomy and serology. The medical technologist is one who makes it possible to give the necessary services in chemistry, bacteriology, and the several other fields medicine draws from, without employing an identical number of specialists to handle the respective sciences adequately. In other words it is he who creates somewhat of a paradox in nature: that of more specializing with less "specialists."

Dr. Fishbein, in what is perhaps the first public utterance to identify the medical technologist (unfortunately using the term "technician") said:

"Nurses became an adjunct to the medical profession after Florence Nightingale established nursing as a distinct profession. Soon physicians found that special training and special techniques required for many of the practices of medicine might well be in the hands of persons especially trained. . . . As a result technicians began to accumulate. . . . The rapidity of the development of medical science and the increasing importance of the adjunct in the way of machinery and chemistry have made

technicians a necessity."

In order that the proper supervision be maintained there evolved the science of clinical pathology and the clinical pathologist. From the handbook issued by the Registry, one reads this definition of pathology: "Pathology is that branch of medicine which treats of the essential nature of disease, especially of the structural and functional changes caused by disease."

The following excerpt from a letter written by a pathologist gives the definition of a clinical pathologist:

> "In the days gone by when the field of medicine was not so wide, it was true the physician did interpret the few simple laboratory procedures then available for the diagnostic purposes, but the boundaries of medicine have been so extensively broadened that it is impossible for the practitioner of medicine to keep abreast of the pure sciences and their contributions to diagnostic medicine, and to fill this great need, there evolved a specialty in medicine known as clinical pathology. The clinical pathologist is a physician, trained first in general medicine and secondly in special fields of laboratory diagnosis that covers the various branches such as bacteriology, chemistry, and so forth."

From this it follows that another definition of medical technology may be given: "Medical technology is an auxiliary branch of pathology."

The maximum training for a medical technologist has not been defined in any formal manner but has spiraled almost spontaneously to a four-year college course. The four-year college course leading to a bachelor's degree with a major in medical technology seems the most practical ceiling. It brings with it the satisfaction of being a college graduate, the security of being eligible for graduate school work granted the interest is there, if or when income warrants it; and the implication that the training has been of a superior calibre.

Research:

A survey was made to sample the thinking of those searching for possible medical technology; and those in training as underclassmen, upperclassmen, former classmen, and alumnae of a four-year course.

The Survey:

The sampling of the thinking as to the WHEN, WHO and WHAT created for the recruits an interest in medical technology showed there was no uniform pattern for any of these areas.

As to the WHEN:

"The seeds of my medical technology vocation seemed to have been sown when I was still in the grades . . ."

"As long as I can remember I've had an interest in medicine."

"Since the sixth grade in the elementary school I wanted

to be a . . ."

"Ever since I was a small child I knew I wanted to have a job where I could be . . ."

"When I was a sophomore in high school I began . . ."

"I became interested in medical technology when I was a junior in high school . . ."

"Medical technology was a profession I had never heard of until two weeks before I was about to graduate from high school. At that time I was unfortunate enough to be hospitalized for an appendectomy; it was during this short period of time I made up my mind."

"I became interested in medical technology shortly after graduation from high school but my decision lacked stability."

"I made my decision on medical technology at the end of the second semester of my freshman year in college."

As to the WHAT:

I. **Admiration** for the environment, clothing, work, or the individual:

"I don't know whether the white uniforms fascinated me or if it was the odor of antiseptics I could detect on my father who was a doctor that made me from earliest . . ."

"I cannot say why I entered the field except that the idea of the laboratory with a place for everything and everything in its place has always appealed to me."

"After working in a certain laboratory on Saturdays for one winter I became interested."

II. **Considerations** stemming from the matter of pay, years limited to preparation, proper professions for women:

"Also what interested me was that once prepared I was certain of good pay for salaries in medical technology are as good as, or better than, in other vocations. The little information available to me left me with two facts cold, yet encouraging: 1) It was a well-paid profession, and 2) It required a college education in science. After a local doctor told me in several conferences that the field was a comparatively wide open field and therefore a good paying profession I made . . ."

"The work of a nurse is wonderful but not to my real liking. Being a doctor would . . ."

"This job is useful to humanity, the wage is good, and technologists are needed in this world to save lives. These are some of the reasons why I want to be one. Also it is a profession that you may leave for a while and go back to it again."

"It is a reputable field with a chance to meet others with similar interests.

III. **Investigations,** all done by one of several ways: consulting possible literature in libraries, or sending for bulletins and pamphlets, or by visitations of public laboratories and hospitals:

"I did a bit of investigating on a vocation in the field of medicine because that was the only field in which I was interested."

"I went to the library and read books on different courses and medical technology . . ."

"To find out something about the field I went to the library and looked at all . . ."

"I read some articles on medical technology and became quite interested in the . . ."

"I obtained additional information concerning this course from recruiting officers from a certain college."

"I obtained several pamphlets on each of these courses and read into the background."

"I wavered between one vocation and then another until someone suggested medical technology. It sounded like a very good field. I decided to obtain a job in a hospital so that I could see just what a medical technologist did. I worked as an office receptionist in a hospital for a year. This gave me an excellent opportunity to watch the medical technologist and have her explain her duties to me."

IV. **Natural bent** by admitting an inherent liking for sciences:

"My electives in high school were in those fields (meaning sciences)."

"Since I like the study of biology, zoology, and chemistry I thought this . . ."

"To tell the truth I was a bit taken back at the required courses and after finding that 90 percent of them were connected with chemistry I again became dubious. Luckily I had had mathematics and found myself quite successful so I continued in science. After the initial step was taken the rest seemed to fall in line . . ."

"And the better grades being obtained in the field of science prompted me to think I was in my element (medical technology)."

V. **Participation** in guidance programs, vocation clinics, and recourse to testing bureaus:

"In the spring of each year we had a day set aside for vocational guidance and somehow I happened to enter upon a lecture on medical technology given by a medical technologist from the local hospital."

"When very young my thoughts turned to medical technology because recruiting officers visited my home and showed what their school offered and together with the fact that a friend of mine was registering there in medical technology I decided that was the course for me."

"A talk and some lecture booklets containing information on medical technology were given by a medical technologist which proved very helpful in making up my mind."

"As a sophomore I took a vocational examination and my

highest rating was . . ."

"We had vocational aptitude tests and the result pointed to 'laboratory tech' . . ."

VI. **Philanthropy,** or **Christian Charity** toward the sick:

"When I was still in the grades I found a liking for helping injured animals regain former good health and because my grandfather had a farm, as a hobby I had the opportunity to perform these little acts of mercy. About five years later I began to sense how vital and essential our family doctor was to our community—I never minded the visit to the doctor (but I did to the dentist). At 14 years I had visions of finishing high school in a few years and emerging as a potential pre-medic. But fate had other designs for me and while a freshman I became ill with rheumatic fever and had to be hospitalized and for three months I was confined to bed. During that time I read about the wonders of science, the doctor impressed me with his kindness and patience, even when I tried to escape either by fair or foul means, my dose of medicine. Once well again my hunger for scientific literature continued and science courses had a very strong appeal for me in high school exclusive of mathematics but I knew I must tolerate that for science is closely allied to it. I continued scouting about for literature on medical technology hoping to keep close to medicine and research in so doing."

"I wanted to help people and medical technology seemed to make that possible."

"I like to assist people who are sick and love to be around to cheer them."

"In this work one has every opportunity to lighten the burden of misery for humanity; one works in close contact with people."

VII. **Substitution** of medical technology for pure medicine:

"I am interested in anything concerned with medicine; in fact the medical world fascinates me so much I want to be a part of it."

"When very young my thoughts turned toward medicine, but as I neared graduation from high school it became apparent that some other profession associated with helping the sick would be less time-consuming thus thoughts drifted to . . ."

"I was warned against research because it is too strenuous for women."

"My interest in medicine prompted me to read every book I could find on it of an informative nature and to see the movies connected with this subject. However this was during the last World War and most of the books and movies published at that time appealed to the emotions of people. Furthermore the search in the field of nursing gave me a picture entirely different from what I expected—in fact nursing as depicted in these sources did not interest me and I turned to medical technology."

"It was a toss-up between music and medicine."

The decision to be a medical technologist did not appear to be a hasty one. This is seen from the fact that some made repeated visits to watch medical technologists at work, from visits to the library to read up on a number of different courses from which to consider a choice, and from assertions like this:

"My first interest in medical technology . . . must have been quite strong since it survived where the dreams of being a teacher, a secretary, engineer, or nurse fell by the wayside." (Others by-passed DIETS because cooking or working with food made no appeal; CLERICAL WORK because no liking for bookkeeping or any type of stenographic work; MEDICAL RECORDS because no knowledge of shorthand or business; NURSING because of hearing defect; MUSIC because a future was questionable; pure MEDICINE because too much time consumed in its preparation; X-RAY because it was somewhat dangerous.)

As to the WHO: From the testimonies of the students themselves the greatest factor influencing a career in medical technology seems to be the advice of someone in the medical field: a doctor, nurse, another medical technologist or even a dentist. Others sought out "my family," "my mother," "my parents," and still others "a (teacher) in biology," or "one from the testing bureau," or "a friend of mine."

SUMMARY

Some began thinking of medical technology in grammar school days, but most had chosen it by the time they were through high school. A very few admitted that they were not settled in their career until they were freshmen in college and some students actually reached college without ever having heard of a course in medical technology.

In each case, one at least of possibly six factors nurtured the budding interest in medical technology. It has been shown that the factors were admiration, economy, convincing evidence, natural bents, guidance or counseling, and philanthropy, if not Christian charity.

The students seemed to exhaust quickly all available printed matter. They read bulletins, pamphlets, brochures and "all they could find in the library." They listened well to those who talked about medical technology. They visited the laboratories when they could. They practically defined what they were looking for as a vocation. The profession must be a part of the medical field. It must be in connection with hospitals; it must be something women* can do in the hospitals; it must be scientific in nature, so scientific that the solid background reaches into high school life.

* Some 94% of Registered Medical Technologists (ASCP) are women.

The SURVEY of:

The present: In this the students spoke their experiences in the segment of the course in which they found themselves; the underclassment voicing mostly confusion, apprehension, and anticipation. Here are quotations **from Freshmen** depicting **confusion:**

"Medical technology is rather vague in my mind."

"My information about medical technology is not very complete . . ."

"I was very undecided and dissatisfied to begin with."

"The information I have now about medical technology is very limited and I have not added very much to it this semester. I think I would like to see . . ."

"I doubt if many of the freshmen in medical technology really know what will . . ."

These show some **apprehension:**

"To be very frank I have become very disgusted a few times and I even thought seriously of dropping the course and becoming a . . ."

"During mid-semesters I found the going rugged and would liked to have dropped . . ."

"Despite all these convincing statements I keep repeating to myself: I still am . . ."

"I realize that the course is very hard and I was warned before I started that . . ."

"In my opinion I think I am taking some subjects that are not useful to me and . . ."

And expressions of **anticipation** in these remarks:

"I have been told that the girls like the practical work very much and appreciate their precious three years of hard work as a preparation for now they are . . ."

"I was quite surprised to find that I really enjoyed laboratory work much more than I expected. I enjoy working with small instruments and also dissecting . . ."

The Sophomores' insight bordered on **constructive criticism:**

"A stimulus that is lacking in medical technology is a discussion of what every day work consists of in the particular profession."

"I think that during the Freshman year the student should be told by the instructor more about what the duties of a medical technologist are. For in my Freshman year all I could tell my parents was that I would some day work in the laboratory of a hospital, not knowing specifically what I would be doing. My counsellor of the time was not from the science department so she could help me very little in that respect."

The upperclassmen voiced **attitudes mellowed** with wholesome influence and **evaluations** based on their short experiences.

The **Juniors** said this:

"In my Freshman and Sophomore years I did not find out too much immediate knowledge about medical technology but since I have begun my Junior year I have learned much more about the job itself and am anxious to learn still more."

"Before this year I had a general idea of what a medical technologist's duties were but this is the first year I have had any theory or techniques on the actual work. The more I learn about the tests and techniques, the more I want to learn."

"The first two years at the time seemed unimportant as far as medical technology was concerned. It was not until I entered my Junior year that I realized how much two years contribute toward a sound understanding of your work. Zoology, chemistry as a background for organic which in turn assumes the name of physiological chemistry because applied there; physiology and anatomy make their contribution, the first in physiological chemistry, the latter in microscopic anatomy which is histology and if limited to blood cells, hematology. Then through the entire curriculum run the courses that have their cultural value and which give us a philosophy for Christian living. With a good foundation in the first two years, an understanding of terms, prefixes, suffixes, and word mastery, the burden of the last two years is lightened considerably."

"My Junior year was in a way one of commencement. I closed the door to childhood and began adult life. The sledding was rough, but I can truthfully say it was well worth the trials and hard work. I must admit I didn't quite appreciate all that was being said and done for my betterment at the time but I now fully realize the discipline and order—all of which were necessary in my development."

The **Seniors** said this:

"I would do my college life over again. I feel I've learned to 'dig' in the right way with a satisfaction of 'getting some place' which is absent in many crowded courses."

"As for my training days, I remember mostly that I thought I would never make the grade; and, how hard I had to work to get what I did. Now, as I look back on those days I can truthfully say it was worth it."

"This type of program gives the aspiring medical technologist spiritual guidance and an intellectual challenge. It is necessary to learn more than science in school today. Science is important but only as a tool to do good morally."

The Alumnae seem to offer most in **constructive** criticism and **praise.** The constructive criticism might be summarized as directed toward the general policies during their "clinical days" as they called their period of practical work in the hospital, toward supervisors in general and toward specific supervisors thus:

They felt that provisions should be made for:

1. More formal lectures particularly on metabolism, abnormal blood, etc.

2. An opportunity to study case histories and write up such studies in connection with the clinical tests on the patient involved.

3. An opportunity to share the conclusions on studies presented by the medical doctor in which they were obliged to do the technical work for this research.

4. More emphasis on principles and less on expounding methodology.

5. More of the theory in serology to keep abreast of the increasingly harder Registry examinations.

Relative to supervisors:

6. The supervisor should "arm herself with professional pride" in being chosen to supervise. (Coming to the realization that she is a supervisor is not sufficient.) She is expected to have sufficient academic knowledge, good technique, and natural ability to lead and supervise. One that measures up to this professional stature will be the best drawing card prospective students may have. On the other hand the one who never has a friendly word for the doctor, nurse, or patient; or becomes "grumpy" over a few "stat" orders; or who complains to others because certain doctors use the laboratory promiscuously; or whose vision is of her hard-working self, instead of the grateful patient whom she might be helping by her industry, will be a deterrence to an aspiring student.

7. The student does not want to be turned loose and left to shift for himself even though he has accumulated scientific knowledge during the previous three years. He would not like to think his merits rested in getting the work finished to please the pathologist, or the referring doctor, or the nurse, or the supervisor, or even to benefit the patient. Rather he would like to think that the practical work meant for him an opportunity to do creative thinking and to grow mentally. This will be possible with excellent supervision and he goes on to illustrate what he considers excellent supervision. In general it will be such as will challenge him to ponder and study the problem in privacy. It may be offering some explanation of the why's and wherefore's, it may be a clue as to a short-cut; it may be a clue as to a suitable stopping point in an involved procedure; it may be a process of dove-tailing numerous detailed procedures.

Specifically in hematology one alumna defined good supervision as having the pathologist or certainly the supervisor standing by the student at the microscope and identifying cells of all ages and ancestry, consuming as many days out of the service as was indicated. Not even a "cum laude" on reading

volumes makes "seeing" possible asserted the student.

Specifically in **bacteriology-parasitology-serology** it is not enough to shunt the bulk of the work into channels by generalizing something like this: All spinal fluids have this done to them, all bloods are treated thus. Rather there should be appended occasions in which the meaning and application are made of the physiology of bacteria, their nutrition, their life phases including the growth, inhibition, and death phases. The supervisor should do this and ought to be able to do because of his greater insight into the field by guiding questions, and contributory explanations. No alumna should have to admit to her first employer: "I do not know what you mean by the lag phase of bacterial growth. I have done only one or two serological tests for syphilis. I have never seen an ——." An ingenious supervisor will, if the routine doesn't produce the material or the opportunity peculiar to the area, seek the material and the opportunity from borrowed sources.

And words of **praise**:

"I feel that the schedule of services we followed in training was one of the very best. Each month was an accomplishment and to be able to return to each service a second and in the case of hematology and chemistry a third time was a definite advantage."

"I would say medical technology is a long hard road but one that has such a satisfactory end. In my ten years I have never once regretted I decided to be a medical technologist."

"I cannot say my days of training were days of 'agony' as professional people often term them; I enjoyed them. It's true, study is never easy but when interest is created in the field this 'swallows up' the difficulties encountered."

"Now that I am a full-fledged, degreed and registered medical technologist with a little experience of my own, I realize the importance of a sound education. I have hob-nobbed with individuals with less than a four-year course and I feel a trifle superior because it is evident I have more background on which to base my judgment and I think I have had many more opportunities to develop than they."

Were one to telescope the account of the whole course into one story it would read as does this one from the pen of an alumna of a three year's experience:

"My very first interest in medical technology dates back to grammar school days and as I think of it now, that interest must have been quite strong since it survived where the dreams of being a teacher, secretary, engineer or nurse fell by the wayside. I might add that I am not sorry that I chose this to be my course. The path toward the goal may have been a rocky one (and my fellow technologists will bear me out on this point), it is well worth the effort. From my experience since graduation,

I know how very necessary a good college gackground is, not only for success, but because with that college background success comes with greater ease. Looking back to my freshman year, I remember that of all the credits I carried, a pitiful few seemed to point toward the pathway marked Medical Technologist. This frustration carried through the sophomore year where the increasing difficulty of the required courses made these preparatory years rather unpleasant and unhappy. Through questioning of friends, I have found this feeling to be true of all aspiring Technologists regardless of schools.

"It was not until my third year that I found the courses that were soon to be my 'career.' At last I was to find the guides that led one to become a Medical Technologist. This third year was not less difficult than the preceding two but a sense of accomplishment helped with the difficulties that were encountered and there were many. No one can take a full course of bacteriology, parasitology, hematology, histology and physiological chemistry with two or three electives and not have more than enough to do, but it was fun and probably the best of my college years.

"This third year paved the way for a very happy 12 months of intensive practical training where I put to excellent use **all** the things that I learned in the years before—all the way back to Freshman English. All the theories and thoughts of the Junior year now came to a focus and had meaning. Each day brought with it new knowledge and each month as we changed services—we had new challenges. This challenge, when met, developed confidence—not only in ourselves, but in our methods and our training.

Finally **that** day arrived and armed with my degree, the necessary requirements and the confidence that comes only from a good background I set myself for the last hurdle—the examination to become a registered medical technologist. Having passed this examination I had finally achieved my long-sought goal. Now I am proud to be a member of the medical technology profession."

Conclusions:

The foregoing facts should provoke some suggestions that will promote the interests of medical technology. The facts point to these suggestions:

1. Libraries should equip themselves with all available literature on medical technology for students look there before searching elsewhere for brochures, books, and periodicals that describe in understandable terms what medical technology is and what medical technologists do. One student said this so simply: "I think there should be pamphlets around that we can read on

medical technology." Is it wrong to think a book could be written ABOUT MEDICAL TECHNOLOGY and found in every library?

2. Laboratories should make it an annual practice to have "open house."

3. Underclassmen should be oriented in medical technology in their Freshman year by talks from professionals and certainly by a visit to the laboratory in which they will find themselves three years hence.

4. Greater selection should be practiced in employing supervisors for the major services in the "clinical year." The argument that there is one supervisor per pair of students does not hold if the supervisor has not teaching abilities.

And lastly the trained medical technologist should be identified by certain characteristics. In the exact words of one of the students the following is just such a PROFILE:

"Today it is rarely that a doctor makes a scientific decision without having lab tests performed either to aid in diagnosing or in confirming a diagnosis already made. With this dependence of the medical staff on lab reports goes a great responsibility. The confidence of physicians in lab reports is built up by good, efficient, accurate, prompt medical technology. One technologist doing careless work can do untold harm and destroy this ideal confidence. Poor medical technology can prove to be dangerous for the welfare of the patient. Accurate work is absolutely necessary.

"I will endeavor to relate what medical technology means to me. In all my dealings with the sick I aim to labor as if each test were a corporal work of mercy. While it is true that the patient may not consider our services as a work of mercy but rather of torture (for we have the reputation of being bloodhounds and of using patients as pin cushions), yet our work does aid the patient indirectly. I know it requires a self-sacrificing spirit—a willingness to devote energy, time and OVERTIME to duty. When it reaches the breaking point one must still be patient.

"The medical technologist's influence can be felt throughout the whole institution, for unlike the other personnel she is not confined to a single floor or ward or office but goes wherever there is a patient.

"Not only must the body work but intellectually there must be a constant process of continuous learning. To keep abreast with new tests and to better understand one's work, it is necessary to read and study regularly and frequently. Incentives for further study are not lacking for invariably there come interesting and puzzling cases.

"At this point the thought occurs to me how necessary it is

for a medical technologist to be careful on the emotional side. It is most important that she keeps calm and cool especially in an emergency. A sad instance of losing one's head during an emergency may result in making a mistake in matching bloods, or taking the wrong container of blood from the blood bank—all of this is very possible in an all-out effort to save life. Forewarned is fore-armed and therefore it is a good policy to take the necessary precautions always even to consuming a few more moments for checking.

"In doing one's work one must be cognizant that physically your patient profits by patient, prompt, accurate reports, for these hasten the establishment of the diagnosis and the prescription of the correct treatment. Immediately recovery is on its way.

"Not only looking to the restoration of physical health for the patient but keeping physically fit oneself is the medical technologist's concern. She is confronted with greater risks than one of another profession for she handles much contaminated material. She must not expose herself unduly.

"While as a member of society she is bound to social ethics, she has added responsibilities in that she must have a knowledge of and closely adhere to professional ethics. Thus she is working at all times under a physician's direction—she gives him reliable reports—she relates reports of a confidential nature only to the proper person.

"A conscientious medical technologist does accurate work. If she is not certain of her report, she is willing to repeat the test to check her work before she reports her results. In unusual cases it may be necessary for her to consult with others before giving a report. The less experienced technologist always notifies the head technologist of an unusual or significant result in her work. If the head technologist is satisfied with the accuracy of the work, but cannot account for the unusual result, she, in turn, brings it to the attention of the pathologist.

"As an adjunct to society in medical technology she must have the proper approach and work in a kind, understanding manner with all, especially patients, to get their cooperation. This is definitely not always easy and with children often it looks next to hopeless. But the art is there—it must be learned if not inherited. Medical technologists certainly must cooperate with their fellow medical technologists. Furthermore cooperation with the medical staff and carrying out their orders promptly and efficiently brings about a better relationship between laboratory and the practicing medical staff. She should be friendly but aloof

because too much friendliness leads to carelessness and much 'small talk' to saying nothing."

Such is the picture of the model medical technologist.

Merits a 4-Year Course:

This survey was not intended to debate the merits of this particular course but graduates from it have confirmed the belief that it prepares them for graduate school where with an additional year of study in hematology, bacteriology, physiological chemistry, histology, serology or biology a master's degree can be earned. Moreover, one planning to enter medicine finds this 4-year course an ideal preliminary training. Then as far as immediate employment is concerned the graduate is qualified because of the broad training to accept positions requiring general or specialized laboratory experiences in hospital laboratories, in clinics, physicians' private offices or in larger hospitals acting as chief supervisors in departmentalized areas. Some graduates work for research centers. It can also be shown that the many that leave the profession to take up homemaking are, because of a degree course in medical technology, better parents and more enlightened citizens.

"Experiences" given verbatim are found in the EPILOGUE which follows.

PART III

EPILOGUE: **Experiences** verbatim from alumnae:

1. Graduate School:

"As you probably know I passed the Registry examination. I am now enrolled at ———Medical School working toward a master's degree in microbiology. Two hours a day are spent on buses, the "L" and other means of travel. I have a total of 27 hours per week in laboratory work exclusive of lecture. I am of the opinion that the previous college courses in the basic sciences are indispensable and I am glad that the courses pursued in the junior year were not left to be picked up in the hospital year.

"Most of the medical technologists when first hired are placed at the bottom of the line and await promotions. Here I find myself shoulder to shoulder one week after graduation with graduates of a few years' experience."

2. Clinic:

"When I look back on my training days it seems amazing that all the different phases of laboratory work were covered and experience was gained in the relatively short time allowed. In the positions I have held, mostly clinics, I have used every bit of that training in the fullest extent.

"During my earning days I found out that working with others

develops a cooperative spirit thus perfecting the efficiency of the department. Working in a clinic where you are solely responsible for all the work as I have been for the greater share of my days of employment as a professional you develop a sense of responsibility and pride in your work since you know that the doctors rely only on you for the right answers.

"Often a piece of research is in progress and this necessitates the most conscientious efforts in keeping up the solutions and in collecting the specimens. Much of our work is the regular clinical laboratory work but we do get some medico-legal work and do make some biologicals—vaccines seem our specialty. Some of the medico-legal cases involved famous characters so that fame made things most interesting at the time."

3. Small Hospital Laboratory:

"I think you would like this little lab if you could see it. We have a little bit of everything here. What makes things most difficult in a small laboratory is that one wants to be prepared to do any test that may be ordered and many times there will be a lapse of months between tests of a kind. This is time consuming when it comes to making up or procuring solutions which are not stable. For instance we had an acid phospatase determination three months ago. When we get another it will mean a new buffered substrate and a new phenol solution. I have found a way to keep a little of each kind of culture medium prepared. We do BMR's frequently, and have quite a number of blood transfusions but these things also come in fits and starts. But other routine tests make their constant appearance.

"I send all my tissues out to the adjacent pathological lab, but the pathologist visits us regularly and I save my problems which I may have for him to solve on these visits. He is a 'most exact' person; he even requires his technologists who work for him to run all chemistries in duplicate, even the simple blood sugar. He has been quite a help to me—we can send him difficult things—for instance, bone marrow studies.

"You know this little place is not too far from cities of note and the people here refer to a trip to one of these larger places as 'going down town.' Oh, yes, we see Pike's Peak from our back door."

4. Large Hospital Laboratory:

"I have been here four years out of the ten since I finished training. I am very much satisfied; I have a wonderful boss—one in a million.

"I do not specialize in any one thing though chemistries are still my love. I do get to do all the chemistries when I am on duty. I, no doubt, will some day take over the chemistry department in our uptown laboratory whenever the present chemist

leaves. I am the next in the line for it. These years I have also had a good social life here. I am very active in a six-footer club and it offers many good times besides making contacts with males my size.

"Medical technologists can get a job almost any place they go—I firmly believe a young medical technologist, upon graduation, should deliberately change jobs for different parts of the country every 18 to 24 months for the first several years. It offers travel opportunities and experiences that are only gained in first rate laboratories. I did that, and strangely, with the education I had upon graduation I found I could meet almost every problem I encountered, or the opportunities offer you more experience and knowledge along lines in which one is lacking. I can truthfully say my education was well worth the time and effort for I have worked with many technologists and I was able for all of them."

5. Another Large Hospital:

"My first job was in this large hospital. I was in charge of the lab there and it was a good experience for a little greenhorn but I wasn't too happy there. While people were grand to me in general, some doctors were very unreasonable and the night calls were really terrific. One doctor ordered a galactose tolerance test STAT at 2 A.M. How is that for the ridiculous? We were near to a large educational institution where there were some brilliant and famous men. Dr. D.———, the well-known hematologist, is there and we had many educational opportunities such as hearing lectures and attending clinical conferences once a week as well as taking refresher courses in hematology, chemistry and parasitology. This might be considered a compensation for a poor salary."

6. Industrial Laboratory:

"I have charge of the lab here and while I certainly don't feel I am advancing in my profession, the work is interesting for it is a change from the life in a hospital. Under the circumstances in which I live the big salary is quite a compensation for the many advantages I would otherwise enjoy."

7. Piece Meal Work While Traveling With An Air Pilot Husband:

"My first position was on the west coast, then I got a position in Michigan, then returned to my original position, and finally flew to Florida with my husband where I worked in a small hospital and was the only technologist employed. With the transfer of my husband to an air field in central United States, I flew there and taught laboratory technique while taking over the hematology laboratory in an outpatient clinic. This work

brought us into contact with cancer research. The war came to a close and with return of peace my husband was transferred to Japan where I joined him. My experiences have been those of travel and employment each contributing its own type of education—it made realities out of many of the things that until then had been only 'textbook facts.'"

8. Working in an Insurance Office:

"This type of work becomes more or less monotonous but big pay!"

9. In a Sanatorium for the Mentally Ill:

"After fifteen years in large and busy hospitals I thought of going into something more soothing and peaceful and ironically I found myself in a small hospital for the mentally ill. I didn't relish the idea. I found what I expected—that only a few of the patients were like ordinary people in that you could approach them with the intention of working on them as a medical technologist. They feared the needles and syringes. I would use the few who had the canny insight to know I would be good to them and who stepped up to have their tests 'taken' as examples for the others. It was thus that I got around to do the routine peculiar to the inmates of that institution. After being there for many weeks I found the patients really took on personalities and I found there was much I could do for them by watching their mannerisms and by using the best 'child psychology' possible—sometime I could talk them into having a piece of work done by showing I had to report to the doctor, another time by getting the work done I was benefitting them.

"If you have a sense of humor it helps in those situations, and if you make friends of those mentally ill as far as friendships can be made you help yourself much. Just to show you what I mean, a few years ago I visited a hospital to which one of our patients had been transferred after having been in the previous one 10 years. Upon my arrival she took one look at me and began to grumble: 'There she is. I suppose I've got to give her some of my blood.' With that she rolled up her sleeve and stood in position before me. Imitating her a number of her room-mates did likewise and presto—equipment was brought me and I found myself assisted by a doctor who up until that time had been watching on—and before I knew it I had taken bloods from twenty different patients and it came in good stead. The lab had been stalling for sometime to get desirable blood readings on these inmates.

"So it follows once a medical technologist you can't escape it—it follows you even into unexpected places—I think it is very much worth the while."

10. Doctor's Private Office:

From the sidelines of an office technician, there is much in its favor to report. Perhaps the variety of duties in which one becomes enveloped makes it a position of interest.

"Now speaking in the first person, I have found the years adding one upon another until I almost shockingly view myself as one who has remained in the same position for almost a score of years. It would be folly to intimate that I do not love my work. During that period, I naturally have assumed much office responsibility, and accomplished things outside the realm of a technician's scope. In addition to routine laboratory tests, there is shorthand (perhaps no one else could decipher), typing, dictaphone work, taking of histories, cross-indexing drugs and their purposes, assisting with minor surgery, wrestling with federal reports and blanks, and picking up after my employer. Mine is not a good shot at the waste receptacle.

"I find myself exceedingly interested in our cases, and take an enjoyment in their recovery. There is a personal contact with patients in office work, that makes one fail to watch the clock or frown at overtime. Don't think for a moment, that there are not times when I talk to myself, rather than express my feeling to patients who come in laden with their shopping results, and expect one to work long after hours. That's all in the handling of these specimens called humans.

"In retrospect, however, if I were to give any advice to a newly graduated technician, one who expects to remain with her profession, rather than use it until someone puts a ring on the correct finger, I would suggest that she confine her efforts to a hospital or laboratory. In these days of ever changing treatments, new findings, more perfect methods, and multitudinous new tests, I would find myself a stranger. Thus, I believe, that a technician who remains in contact with laboratory procedures, will have greater opportunities of bettering herself, changing to other localities, and not become wedded to an office position. A technician with such experience will be a master of her art, rather than an accomplisher in part of many arts.

"One of the greatest benefits, I believe I have derived from my position, is intense gratitude for, and an appreciation of good health. When at the end of some days, I am inclined to feel disgruntled, when efforts made to please everyone seem to meet the approval of none, I am sharply brought to task by some of the days' experiences. The word 'malignancy,' or a synonym that connotes 'fatal,' never strikes my eye with ease. If such a verdict were suffixed to a report of mine, I would have something of which to complain.

Thus, I am of the opinion, that my personal contact with patients, has given me a keen sense of sympathy for those less

fortunate, coupled with a feeling of gratitude that I have been spared much that others have had to endure."

"Sounds like a 'sermon from the mount.'"

11. The "Mrs." in Medical Technology: (The emphasis here is on holding two positions at one time.)

"However I have decided on other interests in life and find myself now a married woman working toward making that my life career. At the present time I am combining the two 'jobs' but this is not **entirely** satisfactory. The most favorable method thus far has been to devote half of my time to technology and the other half to my mighty small home. If and when the time arrives for me to leave technology as a working member I do hope to carry on my interest through my acquaintances and through local societies. To drop the field completely at once would make me as lonesome as I was when I left home for the first time."

12. (The angle of approach here is the influence the training has been in motherhood.)

This married woman had worked about 2 years postgraduation and up until a few months before the first baby came. Then she returned to her former job again before the second baby came. Altogether she had had about 4 years of experience divided equally between the career and the married state. (She now has two children.)

"The children are both fine . . . I've been giving this subject of married women in medical technology a lot of thought. I've talked to some of my married friends who are also medical technologists to get their ideas, too. I'll try to put down our collective ideas:

Economy: "First of all I think our good practical training helps us to run our homes more efficiently. In a laboratory a girl has to plan and do her work so that she can accomplish as much as possible in a day's time. Usually, that takes experience, and after a year of such experience, a girl is a competently trained medical technologist who can take charge of the many various duties her job calls for. (One of my neighbors is a graduate of a **commercial school.** She said that she did not learn to do laboratory work efficiently until she had her first job. There the doctor had to teach her how to do almost everything, and how to save steps as she did it. Now, that doesn't stop when a girl ends her professional career to become a housewife.) Home economics graduates have to take special courses to learn the most efficient way of running a home and doing

Author's Note: Topic headings are insertions made as part of the editing.

housework. I've found that by planning my day's work and making each action worth while, I save a lot of time and effort. That was the way I did my work as a medical technologist, the way I was taught, and it does make a difference in time and energy now when I'm a housewife and mother.

Promotes health in home: "I also think that our good background in medical technology enables us to bring up our children more healthfully. We know enough about medicine to choose the doctors we take our children to with more discrimination. We know when a specialist is needed, or when we can rely on the family doctor. A young child becomes ill very quickly, and can run a very high temperature, for example, for almost no reason. The mother who has had a good training in medical technology can recognize danger signals and symptoms of disease more quickly, and thus 'nip in the bud' many serious illnesses or avoid serious complications—streptococcic infections, measles, even bowel obstructions, etc. On the other hand, many times if we put the baby to bed, he will just sleep off the ailment and we have avoided the expense of a trip to the doctor.

"Also we have sufficient clinical training to understand the administration of drugs, to know how important it is to follow the doctor's orders, and to understand his explicit directions. For example, we learn how important Vitamin D is in the formation of good bones and teeth, and we see that our children get it daily. One mother told me she hadn't given her baby any 'cod liver oil' for weeks, and 'nothing happened.' My training raises the question: 'How does she know that his teeth haven't been even slightly impaired by her negligence?' Then, too, we have learned, especially in our physiology and physiological chemistry courses, how important good nutrition is to build and keep the body functioning properly. We were taught all the essentials and relative amounts of each nutrient the body needs. I realize I learned a lot of this from my own mother, but my course work supplied the necessary emphasis. In these days of high costs, it is a big help to choose the most nutritive foods for the least amount of money.

Ability to discriminate and to be sympathetic in current issues: "Our complete medical technology background makes us enjoy our life more fully in this highly scientific world by a greater understanding of medical problems. I have found this to be true in my own personal experience. I can lend a more sympathetic ear to the Heart Fund, Infantile Paralysis Foundation, Blood Bank needs, even though I am not able to help very much as yet. I listen to speeches at meetings and on the radio by doctors and researchers in the medical field, and find that I can understand what they are talking about and thus enjoy them more than if I had no background in the field. I have been able to explain

things such as the Rh factor, rheumatic heart disease, etc., to friends who don't understand them or who have the wrong idea about them from reading newspapers, books, etc. Many times I have read articles in newspapers about such things as leukemia, Hodgkin's disease, infectious mononucleosis that have highly distorted facts probably because the writer did not know much about his subject. Because of my background, I can analyze and discredit them, but what about the people who suffer from one of these diseases? I know of an individual who had Hodgkin's disease. He read one of the uninformed articles about it in a newspaper. He had known of his condition before this, but after reading that in whole his outlook was changed, and he was very miserable. When we read something like that, the least we can do is write a letter to the editor and ask that he edit the article carefully or leave it out entirely.

Security in misfortune: "I finally come to my last point, but to me and my friends, it is the most important. Our thorough background and training enables us to go back to our profession any time without too much difficulty. I went back after an absence of six months, and felt I'd been away only a few days. Of course I realize how quickly medical technology changes, but we can keep abreast of times by reading. Also our training helps us to be versatile enough in our profession that we can easily adapt ourselves to new methods and ideas. I don't see how a girl who has had only a few months of training can possibly feel that way if she has been away from medical technology for a time. We have had such a great amount of that stored for the day when we may have to use it again. How many married women know that some day they won't have to go back to work? Not very many, and it is reassuring to know one is prepared to go back to a profession where a decent living can be earned. I wouldn't exchange my profession and four years of college for anything."

My gratitude goes to my former students: Their, as well as that of my present students, "copy" has been the source material for this paper. To the latter group I am greatly indebted, in addition, for much assistance given me in preparing this manuscript. Special mention I wish to make of Roberta Black, Mary Connelly, Jacqueline Lambert, Sr. M. Marmion, OSB, Patricia Maier, Rita Small, Margaret Scott, and Genevieve Shubitz.

/s/ Sister M. Alcuin, O.S.B.

SUMMARY OF YEAR'S WORK (1950-51)
REGISTRY OF MEDICAL TECHNOLOGISTS
of the
American Society of Clinical Pathologists

By LALL G. MONTGOMERY, M.D.
Chairman, Board of Registry

The work of the Board of Registry has been successfully continued during the past year, and has been much assisted by the three members representing the American Society of Medical Technologists, Miss Ida Reilly, Mrs. Vernal J. Schene, and Miss Lavina White. There has also been much assistance from various other members of your society, who have done an excellent job of helping to coordinate the work of the Society and the Registry in several joint projects.

The total number of medical technologists registered since 1928 is 19,917; at the present time 15,759 are in the current files. During the year 515 registrants were withdrawn; 453 were withdrawn for delinquent fees and lost address, 14 were deceased, 32 resigned, and 16 were withdrawn for violation of the Registry Code of Ethics.

During the past year, 2,245 candidates were examined for certification as medical technologists, of whom 1,819 passed and 426 failed. Careful analysis of the results of the examinations has re-confirmed the Board's belief that training in Approved Schools of Medical Technology is much the best method of training medical laboratory workers. Therefore, it is encouraging to note that during the past year the number of Approved Schools of Medical Technology has risen from 446 to 475, with a consequent increase of student capacity to 3,360.

In January 1951, the TECHNICAL BULLETIN was issued for the first time on a monthly basis, although there has been no increase in the subscription cost to the registrants.

The incoming mail is an accurate gauge of the activities in the Registry office. During the year the total number of pieces of mail received was 41,583, exclusive of examination papers. This included:

General inquiries	4,867
Applications for examinations	2,164
Renewals	12,083
Transcripts	3,357
References	2,862
Orders	1,455
Changes of address	1,937

It has been gratifying to note that Approved School Directors continue to follow the suggestion of the Council on Medical Education and Hospitals of the American Medical Association, regarding having on file the Registry's evaluation of the transcripts of their students' college records. During the past year a total of 2,046 original evaluations were prepared in the Registry office, and 1,169 revisions and copies of transcript evaluations were made.

The program of recruitment and publicity in the field of medical technology has been carried forward with great energy by members of the American Society of Medical Technologists, other registered medical technologists, and pathologists, as well as by the Board of Registry. Much of this work has been directed by a joint committee composed of Doctor Frank Queen from the Board of Registry, and Miss Ruth Feucht representing the American Society of Medical Technologists. An attractive pamphlet, entitled "If You Were a Medical Technologist," was prepared by a professional public relations expert, under the general supervision of

this committee. This and many other pamphlets and reprints have been widely distributed in the total number of:

16,064 to State Societies of Medical Technologists
2,100 to the Executive Office of ASMT
21,114 for vocational guidance conferences and work
6,900 included with Registry exhibit
3,845 to Approved Schools of Medical Technology.

Several articles about the profession of medical technology have appeared in national magazines; some were prepared by professional writers, with assistance from the Registry office, and some were prepared in the Registry office.

The Board of Registry allocated $1,000 for the Educational Fund for the year 1950-51, to be divided between two projects; one the seminar fund for use of state societies of medical technologists, the other for the preparation of sets of parasitology material. Six state societies made use of grants from the fund and their seminars were attended by medical technologists from a number of states. The arrangements for the sets of parasitological material were made by Doctor A. G. Foord, a member of the Board of Registry, and will be available to registered medical technologists and pathologists.

The Board gave financial assistance in the survey carried out by the Standards and Studies Committee of the American Society of Medical Technologists, a survey designed to obtain information regarding the educational background and working conditions of medical technologists. The results of the initial portion of the survey are of extreme interest to all, and when completed it will receive national publicity.

The joint Civil Service Committee of representatives from the American Society of Medical Technologists and the Board of Registry has continued its work on a study of the Civil Service requirements, in an effort to establish the registered medical technologists on a more equitable standing in the Civil Service. Members of the committee have met with representatives from the Civil Service Commission, and they have spent many months preparing material to be submitted to the Commission. Much has been accomplished, but it is expected that the work will not be completed for some times.

It is a pleasure to report that registered medical technologists who have college degrees and have graduated from Approved Schools of Medical Technology are now eligible for commissions in some branches of the armed services.

In spite of all that has been done in the way of recruitment and publicity about the profession of medical technology, there is still a very great shortage of adequately trained medical technologists. Responsibility for finding a way to supply an adequate number of trained medical laboratory workers rests with both the medical technologists and the pathologists. The members of the American Society of Medical Technologists have assumed this responsibility to a greater degree each year, but they must continue to do so if the demand is to be met.

The Board of Registry is pleased to see the progress made by your society in the past few years, and commends you for the excellence of your national programs, for your cooperative spirit, and for the assistance your members have given the Board in solving some of our mutual problems.

FROM HERE AND THERE—PERSONALITIES IN MEDICAL TECHNOLOGY

Modern pioneering in Medical Technology may be found in many corners of these United States. Frieda Claussen, St. Paul, Minnesota, heads the list with her more than a quarter of a century of leadership and influence in the profession, not only in her own state, but throughout the country. The instigator of so many of the "Minnesota Firsts" in Medical Technology, she has "followed through" in ASMT as well. Frieda first came into prominence with the organization of the Twin Cities Society in 1924. As the fifth president of our national society, in 1936-37, she initiated the annual ASMT membership invitation to all registered MTs (ASCP) with their renewals sent out by the Registry. (Her own registry number is 6.) She has pioneered in so many of the branches of organizational work, and then has turned them over to others to carry on, that we can look upon her as a "prime mover" in nearly every constructive effort our society has made, membership, education, public relations, to name a few. Her influence and inspiration to the students who have trained under her direction during these years will point the way for true professional recognition.

Mrs. Beatrice H. Allison, New York, whose fight against illness which at the same time placed her in the field of work in which she excelled, and whose death in August, 1951, was a loss to Medical Technology, nevertheless leaves a record of accomplishments that can inspire all of us to efforts against odds. She entered a sanitorium as a patient first, and became a leader there in the field of rehabilitation. Qualifying in X-ray and later in the laboratory, she continued her education at the University of Buffalo through evening classes. Her organizational ability was demonstrated too, with the inception of the Niagara Frontier Society of Medical Technologists which she served as treasurer for three years. The Empire State Society was also the result of her efforts. In the national society she attained prominence through her work with the Legislative Committee. In final tribute to her we quote from the Niagara Sanitorium bulletin: "She was a person of many interests, a quiet, sincere person, to whom you instinctively turned for counsel. Not only did she regain her health against great odds, and return to a useful, active life, but she achieved great things."

John N. Frazer, of Street Clinic and Mercy Hospital, in Vicksburg, Mississippi, is one who has assisted in the training program for Medical Technologists in the South. His influence is felt in both laboratory and X-ray circles. The Mississippi Society of Medical Technologists, of which he was an organizer and which he served as president, is evidence that the men in medical technology, although few in number, play a big part in this field of work.

A specialist in one field of research whose interest in Medical Technologists and Technology led her to certification as MT (ASCP) is Helen Madden, of Boston, Massachusetts. Helen received her early training at the Lahey Clinic and from 1939 has been primarily interested in hematology. We can well feel proud of the fact that much of the development and growth of the Blood Grouping Laboratory since 1942, with Helen as Technologist in charge, can be attributed to her ability. She has also contributed much to her professional organizations, the Greater Boston Medical Technologists Association, the Massachusetts Association, and especially to the ASMT as Program Chairman for the national convention in 1951. Her associates say, she "is ever ready to help others with problems in her field. Her aid has earned for her great admiration and respect."

Ruth Church, president of the Washington State Society of Medical Technologists, has proven her leadership in medical technology as a member of the Washington, D. C., Society, where she worked with the organization of Alpha Mu Tau, and served as an early president of that fraternity.

She had a serious accident shortly after she moved to Wisconsin in the fall of 1949 (two broken arms proved only a slight hindrance to her usual activities), so that now, as technologist in the Children's Orthopedic Hospital in Seattle, Washington, she can thoroughly sympathize with the plight of the patients she serves. In a year of doing her part toward the success of the forthcoming annual convention of ASMT in Portland, Oregon, Ruth is leading a state society which has more than doubled in size numerically during the past four months.

Wade Marsh, Jr., Chattanooga, Tennessee, treasurer of his state society and Chairman of the Legislative Committee of ASMT is another whose interests are legion, not only in his own work as a medical technologist, but in the profession itself. Wade's enthusiasm and ability to "sell" his profession to others mean that wherever he is, others will learn the best about our work. He helped reorganize the Kentucky State Society after it had a period of inactivity. In all fields of recruitment, from that of prospective medical technologists (to the recruitment of eligible persons as members of their professional organizations, to say nothing of his position as Head Technologist of a large hospital laboratory and "Approved School" speak well for the future of our profession within the influence sphere of this young man.

Another of the "Southern gentlemen" whose influence in the field of medical technology is getting results is Oscar Alton, of Louisville, Kentucky. His activities in this work began sometime prior to 1933 when he presented his first paper for publication in the Journal of the A.M.A. He has been an officer and Board member through the years in his local and state organizations, except for the time spent in the armed services, where he held the rank of major. His efforts have not diminished along these lines as he has served his national society as a committee member during the past few years, as well as serving as a delegate to represent the Kentucky Society at conventions. His latest efforts are in the organization of another district society. (Meanwhile he has taken a personal interest in a young soldier who wants to be a medical technologist and has given of his own time and effort to see that this young man is directed along the right channels for reaching his goal.)

In Texas another whose quiet influence on the profession of Medical Technology cannot be measured, is Mary Nagai, whose ten years as Head Technologist in the "Approved School" at Jefferson Davis Hospital, Houston, has sent forth laboratory workers to many parts of the state, as well as to other parts of the country. Mary is one of those whose name doesn't often appear as a member of a committee, but one of the best examples of her manner of working is in the way she "tied the loose ends" of the convention plans for the meeting in Houston in 1950. As a member of the Program Committee, officially, her thoughtfulness was recognized and appreciated throughout the entire convention organization. She has served the Harris County Society as president, but although she could have any position she would accept, she still works in the background, ever dependable and recognized as one of the many thousands of medical technologists who everywhere carry on with their responsibilities "unsung."

The people mentioned above and many others whom we all know, are those who make Medical Technology a profession of which we are proud to be a part, a young profession as the years go, but ever so important to the well-being of mankind. May we all be an honor to it, and carry on with the admonition given to the presidents of ASMT as the inscription (given to us by Frieda Claussen) on the gavel presented the society by its past presidents: "With ever increasing strength and humility, and with the pride and integrity of our profession, let us serve."

The above was inspired by a tribute to Miss Frieda Claussen by another whose contribution to Medical Technology cannot be measured, Sister M. Alcuin (Arens) of Duluth, Minnesota.

SOME IDEAS ON POSSIBILITIES FOR FUTURE CLASSIFICATION, TRAINING AND STANDARDS OF MEDICAL TECHNOLOGISTS

Expressed With the Hope that a Practical Solution to the Present Shortage of Medical Technologists May Be Reached

By FRIEDA H. CLAUSSEN, M.T. (ASCP)

There exists in the Medical World today a serious problem . . . "the problem of progressive adjustment of the system of education to attain and maintain in proper alignment with the fundamental changes so rapidly taking place in respect to social and economic relationships and scientific advancement."

The reasons for increased need for medical services of all kinds include:

1. "Changing emphasis in medical care, in preventive medicine and public health."
2. "Advances in the field of science."
   (In medical technology alone such examples as Rh titres, sensitivity tests to antibiotics, prothrombin times in connection with dicumarol treatments, liver function tests in hepatitis, Papanicolaou stains for cancer cells, etc., etc.) "We cannot continue to add to the number of technics for which we are responsible without releasing some that can be carried on by less highly trained personnel."
3. "Increase in life expectancy."
4. "Increase in incidence of chronic disease."
5. "Hospital and Medical care Insurance."
6. "Health and Welfare programs in Industry."
7. "Emphasis on Mental Health."

"That a large group of (Medical Technologists)[1] with professional preparation will be needed is obvious. Because of the nature of the demands made on them their preparation must be more comprehensive than it has ever been. To use this group efficiently and economically it must be relieved of all activities which can be carried on effectively, with supervision by (Medical Technologists), with technical preparation in non-professional personnel. Thus each worker involved should be able to work at the top level of (his) capacity most of the time."

"It seems evident that at least two categories of (Medical Technologists) will be needed. First professional schools must be of a character to prepare the highly skilled, competent professional (Medical Technologists): and second, programs for (Laboratory Aides) with technical functions must be established

The Quotes are from *"Education of the Nursing Technician,"* by Mildred Montag, R.N., Assistant Professor of Nursing Education Teachers College, Columbia University, New York City, New York. (The insertions in parentheses are by Frieda Claussen.)

[1] The book refers to the nurse. Our problem relates to the medical technologist.

and supported in order that this worker be prepared to take her place in the team. While both approaches are important, it is the latter that needs emphasis. To prepare well the (Laboratory Aide) with technical functions and then allot to her a part of the responsibility of (laboratory work), will provide (laboratory work) for more (doctors) and will strengthen the profession."

"There are those who would insist that all who do (laboratory work) be professional (Medical Technologists) in order to insure the best possible (laboratory work for doctors). There are several reasons why this is neither desirable nor possible. Studies have shown repeatedly that a considerable portion of the (Medical Technologist's) time is used for (simple routine laboratory procedures) which might be relegated to (Laboratory Aides)."

"The Women's Division of the Department of Labor has stated that women are most interested in an occupation for which the training period is substantially less than the traditional four years of college. There seems to be considerable evidence to support the belief that there would be a large body of young women interested in the type of work for which a long period of preparation would not be necessary."

These views expressed by Miss Montag, in her book "Education of the Nursing Technician,"[2] apply so readily to the field of Medical Technology, the problems of the profession of nursing are so similar to those of the profession of Medical Technology, that I feel that many of the points she stresses may prove helpful in providing some solution to our problems.

There is one place that the nurses have the advantage. In their classifications, where Practical Nurses are employed, the Practical Nurse is recognized strictly as such and the professional nurse is recognized for what SHE is. The limitations of each group are strictly controlled and the salaries commensurate with these limitations. This control could be readily effected because of the legal control already established in the nursing profession.

The greatest problem confronting medical technology, in establishing classifications, would be the control of limitations of work within the classified groups, and the establishment of a salary system commensurate with the educational background and duties performed within the limits of the class or group.

If such control could eventually be brought about, either through the ASCP Registry or legally, the entire problem of shortage of laboratory workers in medicine could be wiped out. If the control were legally effected, even the unapproved school problem would be minimized.

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[2] The title term "technician nurse" may prove confusing. We prefer the use of the term "Vocational Nurse."

In my opinion there is room for more than just the two classifications, and these should be based entirely upon the amount and kind of training received. There is need and room for:

1. LABORATORY AIDES (L.A.)
   a) High School Diploma
   b) Some theoretical scientific background through night extension courses at a university, or lectures by ASCP registered M.T.'s during a
   c) One year's training course in a hospital where one or more M.T. (ASCP) are working in the laboratory. (Smaller hospitals throughout the state.)
   d) The Laboratory Aides could work in hospital laboratories under supervision, or in doctors' offices where the doctor, knowing their classifications and limitations, would require only the simplest laboratory procedures and pays accordingly a salary of only $170.00 to $200.00. (Limitations of training to be strictly outlined and followed.)

2. LABORATORY TECHNICIANS (L.T.)
   a) Two years of college and one year in an approved M.T. School. (Present ASCP Registry minimum requirements.)
   b) These Laboratory Technicians could work in doctors' offices and clinics where more procedures are required, or in a hospital laboratory as "floaters" or assistants in any department, or in smaller hospital laboratories where the work is not too specialized. Salaries approximately $225.00 to $275.00.

3. MEDICAL TECHNOLOGISTS (M.T.)
   a) Three or four years of college with one year (at least) in an approved training school. Nothing less than BA. or B.S. degree. (Present standards of many schools.)
   b) Medical Technologists could be heads of small laboratories, heads of departments in larger laboratories, instructors in approved schools, first assistants to specialists. Some laboratory supervisors in this group in smaller training schools and hospitals. Salaries: $275 to $375.

4. MEDICAL TECHNOLOGISTS SPECIALISTS (M.T.S.)
   a) Advanced degrees (M.S. or Ph.D.) in any of the special fields such as Chemistry, Bacteriology, etc., who are trained in Medical Technology as well. Supervisors of laboratories.
   b) Medical Technologists Specialists and Supervisors could be laboratory and training school supervisors of largest hospitals and schools and department heads in largest hospitals where highly specialized work is done. Salaries

$400.00 to $500.00. (The salaries suggested are only comparative, and doubtless need adjustment.)

Recognizing the reasons for the need of more medical laboratory workers, and recognizing the fact that classification might be a possible solution is not enough. Something practical must be worked out to take care of the TRAINING of the various classes. The training facilities most definitely lacking are those for the LABORATORY AIDE class. In many of the states the medical societies are "putting on the heat" for getting "laboratory helpers" by the quickest and shortest methods. This will prove detrimental to the practice of good medicine as well as to the profession of Medical Technology, if it is not somehow supervised and controlled.

We need concerted action and some type of central control to bring order out of chaos. We have the Council on Medical Education and Hospitals of the American Medical Association, the Board of Registry of the American Society of Clinical Pathologists, the Board of Approved Training Schools for M.T.'s (ASCP) and the American Society of Medical Technologists, all interested in getting the same results, and in the same ultimate goal, i.e. properly training ENOUGH medical laboratory workers to get the work done RIGHT. Who is to take the first step in establishing a standard of training based upon educational background with limitations set within the scope of that training which will lead to this goal?

Dr. Lewis J. Moorman in his book "Pioneer Doctor" has made some statements which apply to all the allied medical professions as well as to the practice of Medicine. "We are learning that one mind cannot comprehend all that medicine encompasses and that medical schools must prepare doctors for general practice, as well as for research, for industry, for public health, for specialties and last, but not least, for teaching."

"Conscious of many imperfections and many unsolved problems with undetermined potentialities, medical schools under the direction of the Council on Medical Education and the Association of the American Medical Colleges are sponsoring a three year survey with the avowed purpose of building a medical curriculum that will meet the needs of the people."

If the Council on Medical Education, or the Board of Registry of Medical Technologists, ASCP, or the Board of Approved Training Schools would like to take the first step in forming a working committee of representatives from among all the interested groups, I am sure they would find 100% cooperation from the Medical Technologists in working out some plan. Or would they prefer that the Medical Technologists take things in hand themselves?

There has to be an answer and it has to be soon. The doctors

are getting tired of being told "there just aren't any laboratory workers available," they are getting tired of HAVING to take "the second best" when only poorly trained technicians are available, but they will not be satisfied with the results if the states produce a "third rate" product in a three month "short course" for high school graduates. Proper training for high school graduates CAN be achieved if the training is undertaken by the Pathologists and ASCP registered M.T.'s, if the training is strictly outlined and limited, and if we don't try to teach everything "from soup to nuts" as an uncontrolled type of school tries to do.

Wouldn't it be better to start this thing at the top with properly controlled curricula, periods and specifications of training, classified groups according to educational backgrounds, control of the limitations of procedure for each group, establishment of salary limitations within the groups, than to have a hodge-podge of "courses" different in every state, and a multiplicity of "ungraded" workers? I cannot think of anything worse for the profession of Medical Technology, nor, for that matter, for the entire practice of medicine.

And who CAN control these things? The "higher-ups" . . . the A.M.A., the A.S.C.P. or, it may some day be the LAW. Medical Technologists can cooperate and assist, and they are in the best position to UNDERSTAND the dangers and the pitfalls of chaos.

THE GAVEL

You will have many important announcements to read in this issue of the Journal, and these will affect much of your agenda for state meetings. The two committees—Nominations and Elections, and Constitution and By-laws—have done most exacting jobs with credit to all of the committee members. The many details for choosing nominees for offices, and studying the proposals for amendment revisions, deserve your full consideration for the final decisions at the House of Delegates meeting in June.

The matters for the agenda of the Advisory meeting and the House of Delegates sessions should be coming in soon from the states and individual members to be included for the order of business. If it is possible to get your suggestions to the chairman of the Board by April 10, the agenda can be prepared with relation to the May-June issue of the Journal. To reiterate the notices from last year's announcement, *"get your place on the agenda now."* Thank you for previous cooperation on matters of the society, and the interest and help you will give in the future.

There is more to tell you on the work of committees, but it is being handled in this issue of the Journal from the actual results of their activities, so first-hand information is here for all of you. Perhaps the work of other committees does not come to light now, but from all the reports there are plans to give you when the workshops go into action at Portland. From the Northwest comes a great wave of enthusiasm and hospitality to make your annual convention one to be remembered. One lone typist in the middle of the country can only add a few words to say that every indication is that all of you will find some excellent ways to increase your professional enthusiasm, to window-shop at the exhibitors booths with plans of future budgeting for new equipment and supplies, and to enjoy every minute of the twentieth annual convention of the American Society of Medical Technologists.

L. W.

APPROVED SCHOOLS OF MEDICAL TECHNOLOGY

A side of our profession which plays a great part in the picture, but which is not often mentioned as an integral unit, is that of the "Approved School" and the "teachers" in Medical Technology. Recognition of this was illustrated in a meeting last October of the Student Supervisors of Illinois, in Chicago. Miss Adele Waldner, MT (ASCP) presided.

A revised edition of "A Curriculum for Schools of Medical Technology," by Doctor I. Davidsohn and Kurt Stern, was announced. Co-authors are Dr. Harry F. Weisberg, Clinical Chemist, Mr. Milton Goldin, Bacteriologist, and Dr. E. P. Leroy, Pathologist, all from the Department of Pathology, Mount Sinai, Hospital. It was pointed out by Dr. Stern that the purpose of the Curriculum is to help plan and assign work, and that it is not meant to set an inflexible schedule. There will be new tests, additional references, and authors' names used in place of the numbers which appear in the earlier edition. There will also be separate sections on Blood Banking and Electrocardiography.

Questions which were discussed will appear in the following outline. These will doubtless be of interest to the "Approved School" people all over the country. (It has been suggested that there be a "workshop" at the annual convention on this subject, so it might be well for you to notify the Program Planning Committee if you are interested.)

DISCUSSION QUESTIONS

1. **12 Months versus 18 Months Course in Medical Technology:**
   a) Does the 12-month course offer too much competition to the 18-month course, to make the latter advisable?
   b) Is the additional 6-months of training necessary?
   c) Does the additional 6-months training add to the economic status of the technologist?

(A point brought out in the specific discussion at the above-mentioned meeting was that although most of us enter Medical Technology because we are sincerely interested in the profession and derive much personal satisfaction from it, our social system still demands that we pay for commodities just as anyone else does, so we have to look at these questions from a practical point of view.) Other points brought out were that:

Beginning salaries vary over the country, with the higher salaries, in general, being offered in the smaller towns because of difficulty in obtaining a technologist, and keeping him satisfied where he works more or less "on his own." Most places are now offering a "40-hour" week.

2. **Should Students report results of laboratory tests?** The consensus of opinion was that the students developed a greater sense of responsibility if they knew their reports were accepted. However, they should be allowed to report only after these have been checked.
3. **Ethics—Should this be taught as a part of the course?** Most felt that it should be, and in many "schools" it is a part of the course. In one school, the students would have an outside speaker (usually an attorney) to lecture on the subject of the responsibilities of a technologist "in the line of duty."
4. **Aptitude Tests:** This could be a prospective project for the Recruitment Committee and for those in the teaching field.
5. **Standards for Selecting Students:** It was agreed that at the present time, due to the scarcity of applicants, it is impossible to be too selective.
6. **Are Student Notebooks of Value?** A student notebook of procedures is definitely of value. Opinions vary as to whether or not an accurate record of the number of tests done is necessary. However, the Board of Registry requires that such a record be kept.
7. **Do Most Student Supervisors Have Responsibilities Other Than Those Connected with Student Supervision?**

8. **Do Students Participate in Night Call Schedules?** In the majority of schools represented, students do not participate in night calls. In some, however, they are "on call" but responsible to the technologist assigned to a particular call. In return for this service, the students are given free hospitalization. (A student is expected to take one call for each month he is in training. He is not scheduled for call until he has been through the department of hematology and either blood bank or chemistry.) It is found that most students do not receive free hospitalization, but usually receive a discount of from 20-30 percent.
9. **Are Students Required to Take the Registry Examination Upon Completion of Training?** This was found to be compulsory among those in attendance at this meeting. In fact, several of the schools sent for the necessary letters of application for registration. (It would seem that this should be a "must"—that EVERY STUDENT COMPLETING HIS TRAINING AT A "SCHOOL APPROVED BY THE A.M.A. COUNCIL ON MEDICAL EDUCATION AND HOSPITALS SHOULD BE **REQUIRED** TO TAKE THE REGISTRY EXAMINATION.)
10. **What Is Done About Making up Time Lost Due to Illness, Vacations, etc.?** Generally the practice varies. Several of the schools required that the entire time stated be required—that there be a "make-up" day for every day absent. Often students can make up time by working on week-ends.
11. **Charting of Reports:** In most cases students are responsible for charting of laboratory reports. In some hospitals, the students distribute the reports to nursing stations only.
12. **Should Students of Medical Technology Wear School Caps?** Opinions here vary, some require the wearing of caps, to differentiate technologists from the nurses and aides. The majority did not favor the wearing of caps. It is felt that all technologists and students could be identified by wearing of Registry emblems on pocket or sleeves. The pin, also, is distinguishing.

Would it be desirable to see that there are opportunities for the training of teaching personnel for Approved Schools?

In a city with more than one Approved School wouldn't it be desirable to arrange for all to cooperate in the required lectures in the various departments, and to coordinate a course of study? Wouldn't this alleviate the "teaching" problem for the medical technologist in a department where this part of the work is decidedly "extracurricular"?

THE STATES—NEWS AND ANNOUNCEMENTS.

WE NOMINATE FOR THE HALL OF FAME! THE KENTUCKY STATE SOCIETY OF MEDICAL TECHNOLOGISTS

Can YOU top these in achievements to date for 1951-52?

I. Article on Medical Technology in the all-medical centennial issue of the COURIER-JOURNAL—Sunday, September 23.

II. Bacteriology SEMINAR in conjunction with OHIO and INDIANA during centennial meeting of the Kentucky State Medical Association.

III. Scientific EXHIBIT at the Kentucky State Medical Association meeting on the Role of the clinical laboratory in diagnosis and therapy.

IV. KSSMT ENDORSED by ALL the ALLIED MEDICAL groups in Kentucky. Three members of KSSMT presented papers at the fall meeting of the Kentucky Academy of Science at the University of Kentucky.

V. THREE NEW DISTRICT SOCIETIES organized during the year.

VI. REGISTRY BOOKLET of information and ASMT BROCHURE "If You Were a Medical Technologist" being sent to ALL COLLEGE DEANS and ALL HIGH SCHOOL PRINCIPALS in Kentucky.

VII. COOPERATION with Kentucky DIABETIC ASSOCIATION and Kentucky HEART ASSOCIATION in their recent projects throughout the state.

VIII. ARTICLE on Medical Technology to appear in JOURNAL of the KENTUCKY MEDICAL ASSOCIATION in February or March.

IX. RADIO: WINN—made spot announcements during June and July making known shortage of Medical Technologists; WHAS—Interviewed Mary Benedict Clark, January 5; WKLO—ten spot announcements made about profession of Medical Technology during the week of January 13; WHAS—featured Oscar Alton, Fred Miller, Bobbye Leonhardt, and Mary B. Clark in interview on program which attracts high school students; WAVE—interviewed Bobbye Leonhardt on Woman's Way Program, January 24; WINN—interview of Hospital Administrator, Pathologist, Director of Approved School of Medical Technology, and a Medical Technologist. This program was preceded by eight spot announcements calling attention to the interview—February; WAVE—Future round table panel discussion featuring five medical technologists.

X. TELEVISION: Demonstration-Interview during the dinner hour on February 1. Setting: Table equipped with microscope, serology apparatus, with hematologist and serologist working. Announcement by program director that this is demonstration of some of the many techniques performed by Medical Technologists. Demonstration—Finger prick (followed by the usual "ouch") filled haemacytometer on microscope flashed on screen above table with brief explanation as to how count is done. Kodachromes of normal and leukemic blood flashed on screen with explanation of differences. Serologist told purpose of premarital Kahn, showing simply (leaving out details) how it was done. Finally another technologist was interviewed on the profession, training needed, etc.

Our heartiest congratulations to President Sister Mary Simeonette (Savage), Chairman of Public Relations Committee Bobbye Leonhardt, Chairman Thelma MacIntyre of the Vocational Guidance Committee, Chairman of Educational Committee Mary Benedict Clark, and to each member of the KSSMT for the splendid work they are doing in boosting the profession of Medical Technology.

TENNESSEE SMT sponsored a demonstration by the University of Tennessee School of Medical Technology for a group of science students from Memphis State College in December. Mrs. Merle Rickly and eleven students of medical technology set up demonstrations illustrating various phases of laboratory work.

TEXAS: Participating in the Career Conference at the Rice Institute, Houston, twenty-five prospective medical technologists from that college were conducted on a tour through the laboratories of the Hermann Hospital, and later were given a talk on "What It Takes To Be a Medical Technologist." They were invited to return to that laboratory and to visit those of the five others in the city participating in NATIONAL LABORATORY OPEN HOUSE DAY on March 30. Convention April 4-5.

NEW YORK: Empire State Association of MT annual convention, March 27, 28, 29, Hotel Syracuse, Syracuse, N. Y. A feature of the meeting will be a Round Table Discussion with Dr. Hermann J. Dick, St. Joseph's Hospital, moderator. Participants will be persons from the nursing, administrative, and medical technologists' divisions, on the subject of "The Place of the Medical Technologist in the Hospital Team." General chairman: Mrs. Alice Strozik, St. Joseph's Hospital, Syracuse.

MASSACHUSETTS Association of MT Seminar on Chemistry and Hematology, Boston Medical Library, Boston, March 28 and 29. Talks on the Flame Photometer by Dr. Donald Brown, Beverly Hospital; Electrolyte Balance by Dr. William Wallace, Children's Hospital; Calcium, Phosphorus, and Phosphatases, by Mr. Joseph Benitti, New England Medical Center; Prothrombin and Clotting Tests by Dr. David Skinner,

Newton-Wellesley Hospital; Leukemia, by Dr. John Norcross of the Lahey Clinic; Some Phases of Anemia, by Dr. Bernard Jacobson, Massachusetts General Hospital; Blood Typing and Rh Testing, by Dr. Fred Allen, of the Blood Grouping Laboratory; and Bone Marrow Biopsy Studies, by Dr. Virginia Downing, of the Children's Medical Center; this fare planned by Dorothy Prest, president of the Massachusetts Association and her committee. Annual convention, May 3, at the Hotel Somerset, Boston.

MICHIGAN SMT will meet March 30, 31, April 1 and 2, Mayfair Hotel, St. Louis, with a full program covering all phases of medical laboratory work for each of the last three days.

ARKANSAS SMT convention April 19.

FLORIDA SMT convention April 25-27.

OKLAHOMA SMT convention May 18-21.

LOUISIANA: The Louisiana State Society of Medical Technologists will hold its Fifth Seminar and Eighth Annual Convention at the Heidelberg Hotel, Baton Rouge, on April 18 and 19. Invitations are extended to all registered medical technologists in Louisiana, Texas, Mississippi and Arkansas. For a copy of the program please write Evelyn Shilling MT (ASCP), 3662 North Boulevard, Baton Rouge, La.

COLORADO State SMT convention April 26-27.

IDAHO SMT convention May 3.

MINNESOTA SMT convention May 14-16.

MISSISSIPPI SMT convention April 4-5.

WASHINGTON State SMT semi-annual Seminar Wenatchee, Washington, April 26 and 27, on Biochemistry. Convention Sept. 13-17.

July 13-20, the Baptist Memorial Hospital, Memphis, Tenn., will celebrate the fortieth anniversary of its founding. Miss Annette Kelly, Chief Technologist, is a member of the employee steering committee to represent the laboratories in this event.

MARYLAND SMT Convention, May 3-4.

WEST VIRGINIA SMT Convention May 10-11.

MISCELLANEOUS

On April 4, 5, and 6, the **American College of Allergists** will offer an instruction course in allergy at Pittsburgh, Penn. For further information and a copy of the program write the office of the American College of Allergists, LaSalle Medical Bldg., Minneapolis, Minn.

Those interested in the **First International Congress of the International Diabetes Federation** to be held at Leyden, Netherlands, during the second week in July, may apply for a prospectus to Dr. Elliott P. Joslin, honorary president of the American Diabetes Association, 81 Bay State Road, Boston 15, Mass.

The 29th Annual Conference of the **American Physical Therapy Association** will be held at the Bellevue-Stratford, Philadelphia, Penn., June 23-28, 1952.

Annual Convention of the **Canadian Society of Laboratory Technologists** will be held May 18-21.

ANNOUNCEMENT—CLINICAL BIOCHEMISTRY

Refresher Course for Medical Technologists

To be presented at Baylor University College of Medicine, Houston, Texas, by the Department of Biochemistry

August 18-23, 1952, Inclusive (9-12 noon, 1-5 p.m. daily)

Plan of Course (Lecture, Laboratory, Conference and Demonstration in Air Conditioned Building)

1. Review of Fundamental Principles of Quantitative Chemistry: Use of balance, Glassware calibration, Standard solutions, Reagents, Buffers, Chemical arithmetic, Titrations.

2. Colorimetry and Spectrophotometry. Standardization: Use of factors, tables, curves and graphs, blanks, controls, standards, and replicates; Detection of mechanical errors.

3. Selection and Evaluation of Procedures: Simplicity vs. Accuracy, Specificity, Elimination of unnecessary duplication.

4. Preparation of Patient; Collection and Handling of Specimens, Preservatives, etc.

5. Special Equipment and Techniques: pH meters, flame photometer, fluorophotometer, Gasometric methods.

6. Trouble Shooting: Finding and correcting errors. Do's and Don't's.

Make application to Dr. J. H. Gast, Department of Biochemistry, Baylor University College of Medicine, Houston 25, Texas. Only qualified medical technologists should apply. Registrations limited.

Last date for registration, August 1, 1952. Fee: $25 ($10 payable with application). Requests for room reservations can be made with applications. The air conditioned Shamrock Hotel is offering a special rate of $12 per room per day for 2, 3, or 4 persons per room (single beds). State number or names of persons you wish to share room.

Dr. Joseph H. Gast, Professor and Chairman; Dr. Ferrin B. Moreland, Associate Professor; Dr. Russel O. Bowman, Associate Professor: Consulting biochemists to Hermann Hospital, Jefferson Davis Hospital, Methodist Hospital, San Jacinto Memorial Hospital, Southern Pacific Hospital, and Veterans Administration Hospital.

COURSE IN HEMATOLOGY at Thorndike Memorial Laboratory from June 2-13, 1952, and repeated June 16 through June 27. See details in January AJMT. Send $10.00 registration fee (Tuition $75.00) to Miss Geneva Daland, Chief Laboratory Assistant, Thorndike Memorial Laboratory, Boston 18, Mass., by May 1.

CONSTITUTION AND BY-LAWS COMMITTEE REPORT

Presented here are the proposed changes and/or additions to the Constitution and By-Laws of the American Society of Medical Technologists. These will be voted upon at the House of Delegates as it convenes in Portland, Oregon, on Monday, June 23, 1952.

Reasons for each proposal, with comments and discussion, as here presented, will assist you to formulate your votes. In such cases as it is necessary to make clear the change or addition, the entire context is presented. Changes and/or additions are shown in *italics*.

PROPOSED AMENDMENTS TO THE CONSTITUTION

ARTICLE VIII. **Membership**

Change to read: Section 1. "The membership of this Society shall consist of three general classes:

(a) Active members who shall be members in good standing of a subordinate Medical Technologists' Society of a state, or District of Columbia, or territory of the United States, or of a foreign nation and which society holds a charter from this Society and is itself in good standing. All members of this Society who are not members of such subordinate society of their place of employment or residence shall forfeit their membership in this Society, unless the Board of Directors rules in individual cases that circumstances justify extending membership to an individual without requiring that he become a member of the subordinate society of his place of residence or employment. Only persons who are of good moral character and either (1) hold a certificate

from and are in good standing with the Board of Registry of Medical Technologists of the American Society of Clinical Pathologists *qualifying under any of the following different types of certification*: (*A*) *Medical Technologist*, (*B*) *Specialist*, (*C*) *Limited Certificate in Chemistry or Bacteriology*, or (2) possess a degree at least at a master's level from an accredited college in any one of the major fields of Medical Technology, viz: biochemistry, bacteriology, parasitology, histolo hematology, and serology, and have one year's experience in a clinic laboratory approved by any member of the American Society of Clinical Pathologists shall be eligible to be active members. Only active members shall be eligible to vote or hold office."

Reason: The Registry Booklet refers to "different types of classification" but there is no implication that a science major with a year of experience in a specialty is not equally qualified for his work as someone with two years of college training and a year of training in different fields of clinical laboratory work. A college graduate could not be placed in the same classification as a Laboratory Aide. It is very desirable that persons holding limited certificates in bacteriology and chemistry be offered active membership in ASMT. The change (B) repeats itself as a specialist certificate holder must have a Master's Degree as specified under (2).

"(b) Affiliate members who shall hold a certificate from and be in good standing with the Board of Registry of Medical Technologists of the American Society of Clinical Pathologists at an educational level lower than *that required to qualify as an active member*. They shall enjoy all the privileges of the Society except office-holding and voting."

Reason: This change is necessary to make this subsection conform with subsection (a) above.

"(c)" Change to read: "Honorary members who shall have distinguished themselves by research, or personal sacrifice in the cause of scientific investigation, *or by service to the American Society of Medical Technologists if active members.*"

Reason and Comment: Our organization could emulate others in so honoring a few outstanding members. There is incongruity in entitling one individual to two types of membership: viz, active and honorary. This creates a voting honorary membership. Such persons might be voted an active Life Membership. The admission, qualifications, and privileges of this class of members will be defined in the By-Laws.

ARTICLE IX.

Change title to read: OFFICERS, DIRECTORS, *REPRESENTATIVES ON BOARD OF REGISTRY*, ADVISORY COUNCIL.

Section 3. to replace present Section 3 shall read: *"There shall be three Representatives elected to serve on the Board of Registry of Medical Technologists of the American Society of Clinical Pathologists with the duties as assigned to them in the By-Laws of this Society."*

If the above is adopted, the present Section 3 will become Section 4, and Section 4 will become Section 5.

CONFORMING BY-LAWS AMENDMENTS

Explanatory note: The following amendments to the By-Laws have been presented to be considered for adoption in conformity with the foregoing amendment to the CONSTITUTION. Reasons for both follow, together with comments and discussion:

BY-LAWS. ARTICLE V. TERM OF OFFICE—OFFICERS, REPRESENTATIVES ON BOARD OF REGISTRY: (This article will be voted upon in its proper place and is here presented immediately following the above merely to make it easier to understand the relationship of the two, and to present the reasoning offered in explanation of both together.)

Section 1b. Add this following: *"Only active members who have been in this Society at least five years and are in good standing are eligible to be Representatives on the Board of Registry. These members must hold an academic degree at least at a baccalaureate level and have had three years of teaching experience with the current decade in Clinical Laboratories or Schools of Medical Technology approved by the Council on Medical Education and Hospitals of the American Medical Association. They must have held significant offices in either this Society or in its constituent societies."* (This will be repeated in its proper place in the By-Laws. See Page 103.)

Reasons: Since the Board of Registry is primarily concerned with the training and examination of medical technologists, the ASMT members of this Board should be those connected with or have had recent experience with a training school for medical technologists. Such members would be in a much better position to confer and advise on matters pertaining directly to the training schools. Our immediate past presidents, presidents, or presidents-elect may or may not have had teaching experience or recent contact with training schools.

Comment: The Board of Registry is concerned *only* with certification, and our members should speak as our representatives, not only as teachers. The Council on Medical Education and Hospitals of the A.M.A. is the body which is concerned primarily with teaching. It is more important that our representatives be familiar with the general problems of medical technologists than that they be teachers or connected with training schools. If our representatives have taught in Clinical Laboratories, *not* in approved schools, could there be a question of that section in the Code of Ethics concerned with "not teaching except under the supervision of a clinical pathologist"?

At the present time our representatives are familiar with all our problems and are not limiting their interest to those matters concerned with training schools only.

Reason: Membership on the Board of Registry requires two trips a year of some days duration for the president and president-elect of ASMT since they must attend the ASMT convention. They might not be in a position to spend that much time away from their regular jobs. The president and president-elect have a great many duties in connection with their offices, and the Registry representatives also have responsibilities that require time and effort. This work should be divided rather than to fall on the same people.

Comment: In order to represent ASMT most adequately, the three members who have this responsibility should, above all,

also attend conventions (as well as the Board of Registry meetings). This means whether it is the president, president-elect, and immediate past president, or three members at large, who serve in this capacity, they would have to plan for these two periods to be away from their jobs in the interest of their fellow members of ASMT. Who, more than the top three officers of the Society, are the ones to accept this additional responsibility and possible sacrifice? The double responsibility and honor should come concomitantly.

Reason: Since people that have master's degrees in a specialty may be active members and may hold office in ASMT, it is conceivable that at some future time we might have a president who would not hold the certification of MT (ASCP). Such a person might have good executive ability and make an excellent president, but he would have no background for a position on the Board of Registry.

Comment: Actually the provision should be made that "in case the president-elect, the president, or immediate past president of this Society does not hold the certification as MT (ASCP), (or other Registry certification), his place on the Board of Registry must be filled by the election of a member at large chosen from among the officer personnel or Standing Committee Chairmen." This would assure us of having a third representative on the Board of Registry who would be familiar with the society as well as with the Registry.

Section 12. If Article IX of the Constitution is adopted, delete this section of the By-Laws now reading: "The President, President-elect, and Immediate Past President shall represent the Society as members on the Board of Registry—etc."

AMENDMENTS TO THE CONSTITUTION (resumed)

ARTICLE IX.

Section 3 (which will be changed to Section 4, if the new Section 3 is adopted). Change to read: "The Advisory Council shall be composed, of the Board of Directors of this Society,[1] *the Executive Secretary of this Society,* the President[2] *and immediate Past President* of each subordinate society. The duties of the Advisory Council shall be to consider and to promote the interests of the Society."

[1] and [2] will be voted upon separately.

Reasons: These amendments are proposed to define clearly the membership and duties of the Advisory Council and to provide a mechanism whereby the constituent societies may be more effective in the affairs of the American Society of Medical Technologists. It is important that the state societies be encouraged to have a voice in ASMT since they are not only becoming increasingly active in promoting the interests of this Society, but they are in more of a position to know, express, and put into effect the needs and desires of the individual members. These amendments provide a way to instruct the Board of Directors through recommendations made by the Advisory Council. It is

believed that by adding the immediate past presidents of the constituent societies, we shall have a continuity we have lacked before. The past president has had a previous year's experience as a member of the Council, has had the benefit of the previous year's discussions, and is better qualified to contribute constructive ideas. The president, attending his first Council meeting, will have the benefit of full indoctrination the first year he attends, and will be a more enlightened member his second year.

Comment: If desirable, anyone can attend the Council and receive such benefits without unduly enlarging it. They could listen but not enter discussions. The attendance of the Executive Secretary would give access to the all-around program of the society as it is embodied in the official files. The Board would request the attendance of the Executive Secretary as a matter of expediency.

Further amendments (By-Laws) with reference to the election of Representatives on the Board of Registry will follow in their proper place.

PROPOSED AMENDMENTS TO THE BY-LAWS

ARTICLE II. **Membership**

Section 4a. If the proposed amendment to Article VIII, Section c. *Honorary Members,* is adopted, it will be necessary to amend this section of the By-Laws to conform. Change the section to read: *"Honorary Members shall be of two classes: (a) those who have distinguished themselves by research or personal sacrifice in the cause of scientific investigation. These members shall enjoy all the privileges of this Society except office holding and voting. And those (b) who have distinguished themselves by service to this Society and who have been active members in this Society for at least fifteen years. They shall continue to enjoy all the privileges of this Society including office holding and voting.*

Section 4b. Honorary members shall never exceed one percent of the active membership. Admission of honorary members shall be by recommendation of the Board of Directors," etc. as in Section 4, lines 5-6, to end of section.

Reason: To conform with and clarify, as well as to complete description of privileges of Honorary Members, as named in Constitution Article VIII, Section 1c.

Comment: Every organization should respect the service of outstanding members and should show some type of recognition. The small number of Honorary Members with voting privileges would in no way affect the vote.

ARTICLE III. **Dues**

Section 1. Make the first sentence Section 1a.

For this amendment TWO ALTERNATE suggestions are made. If the first is adopted, the second is automatically defeated. If the first is defeated, the second alternative is voted upon:

Section 1a. Change this to read: "The annual dues for active and affiliate members shall be in such sum as each subordinate *Society* shall prescribe, of which sum *$6.00* per annum shall be paid to the Treasurer of this Society."

ALTERNATE AMENDMENT

Section 1a. Change this to read: "The annual dues for active and affiliate member shall be in such sum as each subordinate *Society* shall prescribe, of which sum *$8.00* per annum shall be paid to the treasurer of this Society."

Reasons: The Society has had no increase in dues since 1947 in spite of greatly increased costs: operational, printing, stationery supplies, etc. Our Society has no reserve capital with which to keep pace with increased costs. This means there must be additional income in order to provide an enlarged program. An important project has recently had to be curtailed because of a lack of funds. Even a $3.00 increase is less than the price of ONE concert or play. Compare your dues with those of similar professional organizations.

The second part of Section 1 will be Section 1b. There are alternate amendments made for this also. These will be voted upon in the same manner as the above. If the first is adopted, the second is automatically eliminated. If the first is defeated, the second will be voted upon.

Section 1b. Change to read: *"Annual dues to this Society shall be payable on or before July 1 and shall be transmitted to this Society by the Treasurer of the subordinate Society within two weeks of the time the Treasurer receives the dues from a member. Any transmittal of dues to this Society by a subordinate Society shall be accompanied by a typewritten list of the payees in duplicate, with their addresses and Registry numbers or degree status."*

Reasons: Since our fiscal year begins July 1, dues to this Society actually are payable on or before that date. Any other date stated as "dues payable on" is really misleading. Dues received by any subordinate society for this Society should never be held unduly long, since the members cannot receive their membership cards to either the state or the subordinate Society until the Executive Secretary has received their dues. Each member should receive his membership card promptly in order to make for good public relations.

Comment: As the dues are now payable "by Nov. 15," with the date for "suspension" on January 15, each person who may never pay dues for the current year receives THREE extra copies of the journal. His name is not withdrawn from the active file until just before the January Journal is distributed. With the "dues payable" date moved to July 1, the "suspension" date will be moved to September 15. This means that instead of receiving THREE extra Journals, the non-dues payer will receive only ONE, the July issue. This will save TWO-THIRDS of the extra cost that is now being spent by the Journal for something that brings no return. Any "suspended" member who pays dues subsequently will receive any copies of the Journal he missed, so he will not be the loser in that way. If the above amendment is adopted, the following will not be voted upon. If the above is defeated, the following will be presented.

ALTERNATIVE AMENDMENT

Section 1b. Change to read: "Annual dues shall be payable on or before *September* 15th and that portion due this Society shall be transmitted by the subordinate Society Treasurer on or before *September* 15th and be accompanied by a typewritten list of payees, listing their names, addresses and Registry numbers, if registered. Dues paid after Sept. 15th shall be similarly transmitted the following fifteenth of the month."

Reasons: These changes concerning the dates dues are payable are proposed with the thought in mind that the Society might save some money. As the Section now stands, those members who do not pay their dues receive three issues of the Journal before the date of delinquency, January 15th. If this date, January 15th, were changed to November 15th, as has been proposed, the cost of the Journal could be reduced by one third—a considerable sum. Anyone paying his reinstatement fees will receive all back issues. Moving the "delinquent" date from January 15th to November 15th necessitates moving the date dues are payable from November 15th to September 15th.

The following Section 2a, Section 2b, and Section 2c, are presented in connection with the *first proposed amendment* to Section 1b (above). They can be adopted, however, to conform with either of the above Section 1 "b"s. If they are adopted, the alternate Section 2a will automatically be defeated.

Change Section 2 to following in connection with proposed amendment as in first above.

Section 2a. *"Any active or affiliate member who cannot pay dues for the current fiscal year shall notify this Society by sending written notification direct to the Executive Secretary not later than September 15th of that year. Thereupon he shall be classified as an inactive member in good standing. Upon receipt by the Executive Secretary at any subsequent date of this person's application for membership accompanied by dues to this Society for one full year, this person shall become an active member in good standing, provided also that he has resumed payment of dues to his subordinate Society. No back dues or reinstatement fee shall be required of him."**

Reason: If a member sends written notification to the Executive Secretary before September 15th of his desire to become an inactive member, he should be allowed to join the Society again at any later date without penalty. Sending written notification of his desire to become inactive direct to the Executive Secretary will eliminate errors which might result from failure of a subordinate Society officer to transmit such notice of resignation of a member.

Any person who has been a former member of this Society should not be allowed to rejoin the Society by paying half-year dues. This section covers the subject matter in the present Section 5 (Resignations).*

If this Section 2a, is adopted, delete Section 5, which reads:

* "Section 5. No fiines shall be imposed on reinstated members who have previously resigned for any just cause."

Section 2b. *"Any active or affiliate member of this Society who fails to pay*

dues by September 15 and who fails to notify the Executive Secretary in writing before that date of his desire to become an inactive member shall be suspended from membership. Not later than October 1 of that year, the Treasurer of his subordinate Society shall notify the Executive Secretary of such suspension. A member thus suspended may be reinstated at any time during that same fiscal year, provided he has paid his annual dues to his subordinate Society plus any reinstatement fee the subordinate Society may require, and has paid his annual dues to this Society plus a reinstatement fee of $2.00 to this Society."

Reasons: With the delinquent date of January 15th which the Society now has, a member receives three issues of the Journal prior to the date of his delinquency. By moving the date up to September 15 the cost of the Journal is *reduced by two-thirds*, which is a considerable saving to the Society.

Any member who pays his dues after September 15 and who pays the reinstatement fee of $2.00 will receive such issues of the Journal that he has missed through failure to pay dues promptly.

The earlier delinquent date of September 15 gives the member ample time (2½ months) to pay his dues or to notify the Executive Secretary of his inability to do so.

With the early delinquent date, the member who likes to procrastinate will be less likely to do so.

By this provision, the subordinate Society is given the privilege of collecting a reinstatement fee, also, if it so desires.

Section 2c. *"Any active or affiliate member who fails to pay annual dues to this Society in any one fiscal year and who fails to notify the Executive Secretary in writing before September 15 of his desire to become inactive shall, if he applies for membership again in another fiscal year, be reinstated; provided, however, that he has paid whatever dues and/or reinstatement fees his subordinate Society may require plus a sum equal to the following: back dues to this Society for one full year, annual dues to this Society for the full year in which he makes application for membership, and a reinstatement fee of $2.00 to this Society."*

Reasons: This puts a premium on prompt resignation, yet allows ample time since the member is given 2½ months in which to resign. The subordinate Society is given the privilege of collecting back dues or a reinstatement fee, or both, if it so desires. Since the amount of back dues is a fixed amount, and not accumulative as under the present provision of the By-Laws, a large sum in back dues is not required. Under the existing provision in the By-Laws, if a member should allow his membership to lapse for several years he finds the amount of back dues that he owes to be almost prohibitive, since he is now required to pay "all dues in arrears."

Since he may avoid the payment of any back dues by notifying the Executive Secretary, the payment of one year's back dues and a reinstatement fee of $2.00 is not too stringent.

If the above Sections 2a, b, and c are defeated, the following *Alternative Section 2a* will be voted upon.

ALTERNATIVE AMENDMENT

Section 2a. Change to read: "Any active or affiliate member who fails to pay annual dues by *November* 15, shall be suspended from membership and may be reinstated upon payment of all dues in arrears, current annual dues and the sum of $1.00 as a reinstatement fee to be paid to this Society."

To conform with Section 1b, second Alternative as above. These changes concerning the dates dues are payable are proposed with the thought in mind that the Society might save some money. As the Section now stands, those members who do not pay their dues receive three issues of the Journal before the date of delinquency, January 15th. If this date, January 15th were changed to November 15th, as has been proposed, the cost of the Journal could be reduced by one-third. Of course, anyone paying his reinstatement fees will receive all back issues. Moving the "delinquent" date from January 15th to November 15th necessitates moving the date dues are payable from November 15th to September 15th.

Comment: This is the same type of accumulative dues which we have at the present time. In one year the sum owed is $6.00, in two years it is $11, in three, $16, in four years it would be $21, etc. In other words, there would be no limit to the amount of accumulative back dues. If the subordinate society wishes to collect back dues, it is almost impossible for any "suspended" member to return after a lapse of several years. This is the type of payment that has kept these members from returning.

Section 3. Change to read: *"Applicants elected to active or affiliate membership after January 1 and prior to May 1 shall pay half the annual dues for the remainder of the fiscal year. Those applicants elected to membership between May 1 and June 30 shall pay a full year's dues and shall be entitled to all the privileges of membership for a period up to fourteen months (i.e., they shall pay no further dues to this Society until the second fiscal year following the date of their application)."*

Reason: This will encourage new members at a time when their interest is likely to be greatest (state and national conventions).

They will receive an extra copy of the journal for this (up to) extra two month period. They will be privileged to attend their first national convention as full-fledged members without having to pay half a year's dues for a few weeks' membership—with the knowledge that they will owe a full year's due on the imminent July 1.

Comment: This should help membership recruitment after the spring Registry examination.

ARTICLE V—**Term of Office—Officers**

Add *Representatives on Board of Directors.* Change to read:

Section 1a. "Only active members who have been in this Society for at least two (2) years, who are in good standing, *and who have attended at least one*

House of Delegates meeting and served on at least one Standing Committee are eligible to hold office, or be on the Board of Directors."

Reason: This is to make it possible to get officers that know something of the workings of the Society. It will eliminate some candidates, but if they have never done both of the above, they would be of little value to the Society as officers.

Comment: Excellent idea to encourage national participation among the members and to insure officers who have a national viewpoint. All officers should know the "workings" of the Society and have some experience with it before election to office.

Continuing the above Section, the following change is presented:* *"The President-elect in addition to these qualifications must have served on the Board of Directors for at least one year.* Any person who ceases to be an active member shall forfeit any office held in any society."

Reason: The president-elect should be familiar with the internal workings of the organization. With the activities and extensive program we have, he must have a very good idea of the general and specific problems.

Comment: This is a point which should not be written into the By-Laws since the Nominations and Elections Committee would prefer to observe such a ruling if possible, but it would be too limiting if there were nobody available from the out-going Board members who could serve. Someone might make an excellent Board member, but would be poor presidential material. They might not wish to take the responsibilities that the office of president entails, or to make the necessary sacrifices. Would be an excellent way to insure continuity of policy. It would limit the possible nominees too much. Candidates who might accept places on the Board might refuse if they knew they would be obligated to accept the nomination for president-elect. In this additional limitation, it is possible that the field is being made *too* limited.

Continuing the above Section (provided the amendment to Article IX of the Constitution concerning REPRESENTATIVES ON THE BOARD OF REGISTRY has been adopted) the proposed additional Section 1b. shall be added: to read: *"Only active members who have been in this Society at least five years and are in good standing are eligible to be Representatives on the Board of Registry. These members must hold an academic degree at least of a baccalaureate level and have had three years of teaching experience with the current decade in Clinical Laboratories or Schools of Medical Technology approved by the Council on Medical Education and Hospitals of the American Medical Association. They must have held significant offices in either the American Society of Medical Technologists or its constituent societies."***

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* N. B. Although this change was not approved by the majority of the members of the Board of Directors, they felt it should be presented for the consideration of the House of Delegates.

** This is the same proposed amendment that was shown in its relationship to the change in the Constitution. (See page 96.)

Section 2. If the proposed amendment to Article IX concerning Representatives on Board of Registry is adopted, make the first portion of this: "Section 2a. All officers shall be elected annually by the House of Delegates at the convention, with the exception of the Board of Directors, who shall be elected for a period of three years, two being elected at each annual meeting of the House of Delegates to succeed the two having served three years; and the Treasurer, who shall be elected every three years to serve for three years."

Add Section 2b to read: *"The Representatives on the Board of Registry shall be elected to serve for a term of three years. One representative on the Board of Registry of Medical Technologists shall be elected at each annual meeting to succeed the one having served three years. Beginning in 1952 and for two years following, the immediate past President shall be replaced by an elected Representative until three elected Representatives are serving. Thereafter one Representative shall be elected as aforesaid. The Representatives on the Board of Registry shall not serve more than two terms."*

Section 2c. will read: "The official list of candidates shall first be presented at the annual election and additional nominations for each position may then be made from the convention floor. Balloting shall be by written ballot and if no candidate receives a majority of all votes cast, then the person with the lowest number of votes be eliminated and balloting be continued in like manner until a candidate receives a majority of the vote. Tie shall be determined by lot."

ARTICLE V

Section 12. Delete this article if the amendments concerning representation on the Board of Registry are adopted. This reads: "The President, President-Elect, and Immediate Past President shall represent the Society as members on the Board of Registry of Medical Technologists of the American Society of Clinical Pathologists."

ARTICLE VI—**Executive Secretary**

Change to read: "The Executive Secretary shall be elected by the Board of Directors and shall serve (1) *by written contract* during the pleasure of said Board. He shall, under the direction and control of the House of Delegates and Board of Directors, maintain a central office for the Society in which the records, properties, bonds, and legal papers of this Society shall be preserved in properly maintained files. He shall under the direction of the Board of Directors perform the administrative work necessary to the proper operation of the Society, and shall be the business manager of the official Journal.

(2) *He shall contract for technical exhibits for annual conventions, and working with local exhibit chairman make all arrangements for technical exhibits. He shall receive no commission, and all receipts from the exhibits shall go into the National Treasury."*

Reason: (1) Our Society is getting to the place where everything should be put on a business level, and to engage the services of such an important person in regard to the Society by word of mouth is not good business procedure. There should be a written contract drawn up, the contents of which should be decided by the Board of Directors with legal advice.

(2) Most all organizations that have a full-time Executive Secretary delegate this duty to this person.

Any fee or commission that might be paid to a Technical Exhibits chairman will, by this provision, augment the Treasury of the Society.

Comment: This would put more of the business of the Society into a central place where there are already secretarial facilities. It would be an economical move.

ARTICLE VII—**Board of Directors**

Change to read: Section 3. "Between the regular and special meetings of the Board of Directors, the usual method of carrying on business shall be by mail or telegraph, if, in the opinion of the President, definite questions relating to the affairs of the Society require immediate action. The President, or any member of the Board, shall submit the matter for action in the form of written motion *seconded by another Board member whose name shall be stated and accompanied by an explanation or discussion* to the Executive Secretary, and by him it shall be submitted to the members of the Board requesting that they vote thereon.

The result of such referenda shall control the action of this Society and its respective members. The Board shall make a report to the House of Delegates of this Society annually of the business transacted in the interest of the Society."

Reason: This would conform more to Robert's Rules of Order, and would mean that at least two of the Board would have to agree to it and explain why they thought it necessary before it was presented for vote. This would eliminate hasty action, and would do away with any misunderstanding of the purpose.

Comment: This should be a great help to the members of the Board of Directors, especially those new to the Board. Voting by mail is unwieldy anyway; would this change be of benefit?

ARTICLE VIII.

(b) Change the title to read: "BOARD OF DIRECTORS, *REPRESENTATIVES ON BOARD OF REGISTRY*" if Article IX constitution change is adopted. Add: Section 6 to read: *"The duties of the Representatives on the Board of Registry shall be as defined by the Board of Registry of Medical Technologists and shall be consistent with the policies of the American Society of Medical Technologists."*

The reasons and vote of the committee have been noted in discussion of proposed Article IX of the Constitution.

Comment: This Section should be considered even if the present representatives continue as such. It gives them a definite role in the Society proceedings.

ARTICLE IX—**Advisory Council**

Change Section 3 to read: Section 3. "On a date specified by the Board of Directors, the Council shall prepare and submit to the Board of Directors a written report of its activities and recommendations for consideration of the House of Delegates. No report, recommendation, or other action of the Advisory Council shall be considered as the action of this Society until the same has been approved by the Board of Directors and submitted to the House of Delegates while in session."

Add new section, making it Section 4. It is to read: *"The corrected minutes of the Advisory Council meeting shall be sent to each President of a subordinate society within thirty days of the meeting."*

Reasons: This would eliminate a great deal of misunderstanding, and all subordinate societies would have a record of what took place. This would give the Council member a chance to follow the discussion without having to take notes.

Comment: This would help the states to carry on what is expected of them if they had the Minutes to refer to during the year.

Add new Section 5 to read: *The voting members of the Advisory Council shall be the Board of Directors and the presidents of the subordinate societies or authorized representatives appointed by the presidents of the subordinate societies. Each subordinate society shall be entitled to one vote on the Advisory Council."*

Or, ALTERNATE AMENDMENT if the proposed amendment concerning the addition of the *immediate past president* is adopted in the Constitution.

Section 5. *"The immediate past presidents of the subordinate societies shall be the voting members of the Advisory Council."*

If one of the above amendments is accepted, change the present Section 5 to read Section 6.

ARTICLE X—**Standing Committees**

Section 1. Change to read: "There shall be *ten* standing committees of six members each of such geographical distribution as shall be conducive to effective action. These committees shall be the following: Membership, Constitution and By-Laws, Nominations and Elections, Standards and Studies, Research, Service Fund and Finance, Legislation, Education, Public Relations, and *Vocational Guidance-Recruitment.*

Add a new Section 13 to read: "The Vocational Guidance-Recruitment Committee shall *adopt such projects as will make known the profession of Medical Technology to prospective students. It shall assist in the distribution of literature, in counseling, and in securing speakers for such high school and college science students as may be interested in Medical Technology. It shall also serve as the liaison committee between the Approved School and the Board of Registry contacts."*

If the above Section 13 is adopted, Section 13 becomes Section 14, Section 14 becomes Section 15, and Section 15 becomes Section 16.

Change Section 5 to read: "The Constitution and By-Laws Committee shall examine all proposed amendments to the Constitution and By-Laws of this Society and shall submit them in proper form to the Executive Secretary for publication and shall make such changes in such proposed amendments or by-laws as shall be necessary to put them in proper form without effecting any change in meaning. It shall examine all proposed by-laws and constitutions submitted by a subordinate Society and all amendments thereto and shall submit the same with an opinion to the Board of Directors. *Upon acceptance by the House of Delegates all corrections and additions to the Constitution and By-Laws shall be sent to each member of this Society.*

It shall examine all proposed amendments to the Constitution and By-Laws of a subordinate Society to determine whether the same are in harmony with this Society."

Reason: This proposal is made in order to keep the members up to date.

Comment: With the committee fulfilling its responsibility of getting its report from the House of Delegates into the Executive and Editorial office, the next step, that of publication of all amendments as adopted, and in their proper context, is done by means of Journal publication. Thus the changes can be placed in the hands of each member of this society.

ARTICLE XIII—**Meeting—Order of Business**

Section 4. Parliamentary authority for all meetings of this Society shall be in accord with "Robert's Rules of Order, Revised" except where otherwise specified in these By-Laws. *A qualified parliamentarian shall be retained to be present throughout the meeting of the House of Delegates each year."*

This needs no explanation as for the past several years one has been available, but it should be in the By-Laws, so that there will always be one. It would be wise to see that the parliamentarian is sent a copy of the corrected Constitution and By-Laws in advance of the meeting date so he can familiarize himself with it before the meeting.

ARTICLE XIV—**Official Organ**

Section 3. Change to read: "The Editor shall be elected by the Board of Directors and shall serve *by written contract* during the pleasure of the Board."

Reason: If a written contract is used, then there will be no question of the expectations and limitations of the Editor of the Journal. The contents of the contract could be set forth by the Board of Directors with legal advice.

REPORT OF THE COMMITTEE ON NOMINATIONS AND ELECTIONS

The following members of the American Society of Medical Technologists will be presented for the vote of the House of Delegates at its annual session on June 23, 1952, at Portland, Oregon.

President-elect (one to be elected)

Miss Ruth Hovde, 515 Delaware Ave., S. E. Apt. 104, Minneapolis, Minn.; Member ASMT since 1946; President-elect Minnesota SMT 1950-51; President Minnesota SMT 1951-52; Member Board of Directors Twin Cities Society of Medical Technologists 1950-53; Advisory Council ASMT Member 1951-52.

Lee B. Soucy, 204 S. E. 5th St., Plainview, Texas; Member of ASMT since 1946; Delegate ASMT Convention 1947, 48, 49, 50; Chairman ASMT Constitution and By-Laws Committee 1947-50; Chairman TSMT Constitution and By-Laws Committee 1948-49; Chairman TSMT Special Committee on Constitutional Amendments 1951-52; Board of Directors TSMT 1947-49; 1st Award Paper and Exhibit TSMT 1949; 1st Award Exhibit ASMT Convention 1949; 2nd Award Paper ASMT Convention 1949, Published July, 1949, AJMT; Panel Member Public Relations Committee Workshop ASMT Convention 1950.

Secretary (one to be elected)

Miss Eleanor Brenny, 384 Brent Bldg., Pensacola, Fla.; Member ASMT since 1943; Charter Member Florida Society Medical Technologists; President Florida SMT 1949-50; Member Advisory Council ASMT 1949-50; Chairman Legislative Committee FSMT 1950-52; Member Membership Committee ASMT 1949-52; Assisted in organization of South Carolina Society of Medical Technologists.

Miss Josephine Pyle, 28 Crescent Street, Middletown, Conn.; Member ASMT since 1948; Delegate ASMT Convention 1949, 1950; Member ASMT Public Relations Committee 1949-52; Panel Member Public Relations Committee Workshop ASMT Conventions 1950-51; Member Credentials Committee ASMT Convention 1951; Chairman Program Committee CSMT 1949-50; President Connecticut SMT 1950-51; ASMT Advisory Council Member 1950-51; Chairman Constitution and By-Laws Committee CSMT 1951-52.

Board of Directors (two to be elected)

Miss Ellen Skirmont, 5493 So. Cornell Ave., Chicago, Ill.; Member ASMT since 1946; Delegate ASMT Convention 1947, 48, 49, 50 and 51; Presented Papers ASMT Convention 1947, '48, '49, '50 and '51; Member ASMT Convention Program Committee 1951; President-elect and President ISMT 1948-50; Member ASMT Public Relations Committee 1951; ASMT Representative for American Hospital Association; President Alpha Mu Tau 1951-52; Presiding Officer of Scientific Session ASMT 1950.

C. Patton Steele, Box 1020, Bismarck, N. Dak.; Member ASMT since 1947; President South Dakota SMT 1940; President North Dakota SMT 1950-51, 1951-52.

Miss Mary Benedict Clark, 301 McCready Ave., Louisville, Ky.; Member ASMT since 1941; Delegate ASMT Convention 1949, 1951; Member ASMT Research Committee 1951-54; Vice-president and President Greater Cincinnati SMT 1941, 1942; Chairman Reorganization Committee Louisville SMT 1949; Chairman Reorganization Committee Kentucky SSMT 1949; President Kentucky State SMT 1949-50; ASMT 3rd Award Paper 1951, Published in AJMT 1951; General Chairman ASMT Convention, Louisville, Kentucky, 1953.

Miss Mildred Olson, 511 Ontario St. S. E., Minneapolis, Minn.; Member ASMT since 1948; Delegate ASMT 1950, 51; Secretary Twin Cities SMT 1950-51; Chairman Educations and Recruitment Committee MSMT 1949-51; Member MSMT Standards and Studies Committee 1951-52; Assisted in production of movie "Medical Technology."

CONVENTION ANNOUNCEMENTS

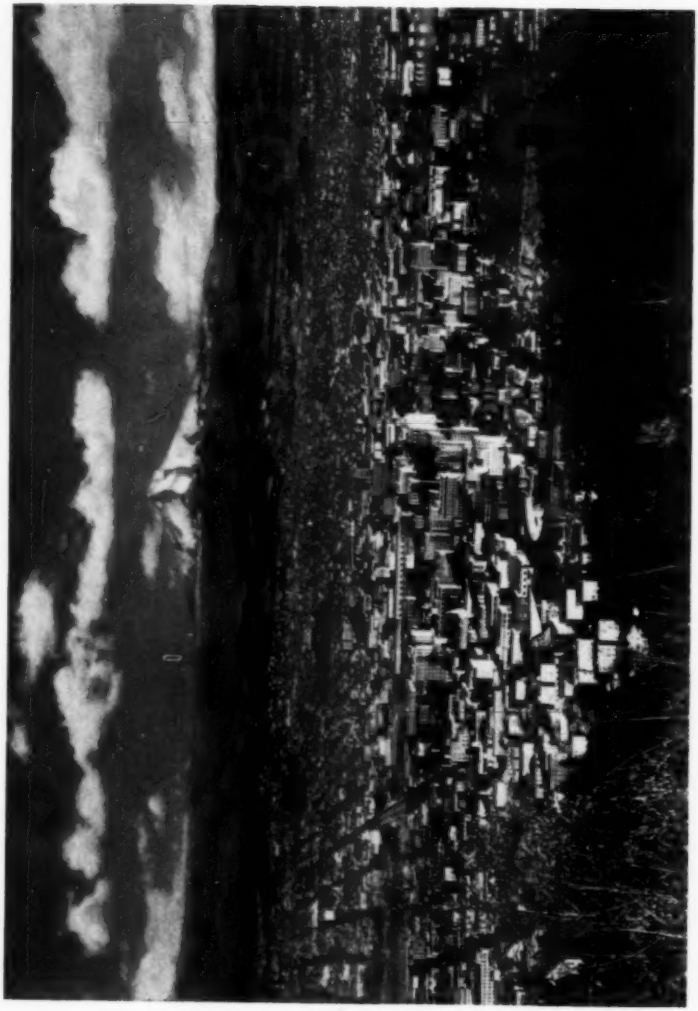
In order to help us know approximately how many persons to expect at each of the entertainment and social events at the Twentieth Annual Convention of the American Society of Medical Technologists at Portland, Oregon, from June 22, through June 26, 1952, we are asking that those who plan to attend fill in the information requested on page 110 and mail to the designated committee chairman.

The Registration and Credentials desk will open at 8:00 a.m. Sunday, June 22nd at the Heathman Hotel. The information desk will also open at 8:00 a.m. at the Heathman Hotel. Hostesses will be there to direct you to the church of your choice.

The Advisory Council Meeting will be at 3:00 p.m. Sunday, June 22, at the Medical Dental Building Auditorium, 833 S. W. 11th Avenue.

Your Hostess Societies, Washington, Oregon, Montana, and Idaho, invite you to a Reception at 7:00 p.m. at the Heathman Hotel, on Sunday, June 22.

A special mass is being arranged for the Sisters at the Sanctuary of Our Sorrowful Mother, for one of the mornings of the Convention week. It will also be open to anyone else who cares to attend.



CITY OF PORTLAND, OREGON

PROGRAM COMMITTEE REPORT

The Program Committee would like to give you a preview of some of the outstanding speakers who will attend the 1952 ASMT Convention in Portland, Oregon, in June.

"The Cell" will be the subject of Edwin E. Osgood, M.D., Professor of Medicine, and head of the Division of Experimental Medicine of the University of Oregon Medical School. M. M. Wintrobe, M.D., Ph.D., Professor and head of the University of Utah College of Medicine, will discuss "The Relative Merits of Various Routines for the Study of Anemias and Their Use in the Classification of Anemias.

From the University of Washington, Clement A. Finch, M.D., will speak on "Iron Metabolism." Dr. Finch is Associate Professor of Medicine at the University of Washington School of Medicine.

Another representative of Washington, William M. M. Kirby, M.D., Associate Professor of Medicine, University of Washington School of Medicine, will stress the "Recent Advances in Antibiotic Therapy."

The "Experimental Studies of Immunity in Tularemia and Brucellosis" will be the subject of Dr. Carl Larson, Director, Rocky Mountain Laboratory, Hamilton, Montana.

Daniel Labby, M.D., Assistant Professor of Medicine, University of Oregon Medical School, will present a discussion of "Liver Function Tests."

Dr. Edward S. West, Professor of Biochemistry, University of Oregon Medical School, will talk about the "Use of Isotopes in the Study of Metabolism."

The subjects of Robert A. Aldrich, M.D., Ph.D., Assistant Professor of Pediatrics, University of Oregon Medical School, and Karl Meyer, M.D., Director, Hooper Foundation, University of California Medical School, will be announced in the next issue of the Journal.

Because of the widespread interest in the workshops, we are attempting to schedule these so that in so far as possible they will not be running concurrently. To assist our committee please fill in the following and send to: Miss Agnes Marie Lyman, 4015 S. E. 30th Avenue, Portland, Oregon.

I plan to attend the workshops on:

Public relations .....
Finance .....
Standards and Studies .....
Legislation .....
Education .....
Recruitment .....

The Program Committee for the 1952 Convention announces the following tentative plans for the annual meeting to be held in the Masonic Temple, Portland, Oregon.

Sunday, June 22, 1952:

8:00 A.M.	Registration—Lobby, Heathman Hotel
3:00 P.M.	Advisory Council Meeting—Medical Dental Bldg. Auditorium
7:00 P.M.	Reception—Heathman Hotel

Monday, June 23, 1952:

8:00 A.M.	Formal opening of convention, Third Floor Masonic Temple, 1110 S. W. Park St.
10:00 A.M.	House of Delegates Meeting
11:30 A.M.	Recess
11:45 A.M.	Formal opening exhibits Sunken Ballroom, Masonic Temple
12:30 P.M.	Fashion luncheon—Multnomah Hotel
2:00 P.M.	House of Delegates
5:30 P.M.	Close exhibits
7:00 P.M.	Workshop, Medical Dental Auditorium

Tuesday, June 24, 1952:
8:30 A.M. Scientific program
10:30 A.M. Recess to visit exhibits
11:00 A.M. Scientific program
11:45 A.M. Lunch
1:30 P.M. Scientific program
3:00 P.M. Recess—exhibits
4:30 P.M. Board busses for Timberline Lodge

Wednesday, June 25, 1952:
8:30 A.M. Scientific program
10:00 A.M. Recess—exhibits
10:30 A.M. Scientific program
12:45 P.M. Lunch
2:00 P.M. Scientific program
3:00 P.M. Recess—exhibits
3:30 P.M. Scientific program
7:00 P.M. Annual Banquet—Multnomah Hotel

Thursday, June 26, 1952:
8:30 A.M. Scientific program
10:00 A.M. Recess—exhibits
10:30 A.M. Scientific program
11:45 A.M. Lunch
1:00 P.M. Scientific program
3:00 P.M. Recess—exhibits
3:30 P.M. Scientific program

AWARDS FOR 1952

The Awards and Program Committees for the 1952 Convention in Portland, Oregon, would like to list again the awards that are offered to medical technologists in recognition of the presentation of work in various fields of medical technology, which are considered to be valuable and outstanding.

1. The Hillkowitz Memorial Award: $200.00, given by the Denver Chemical Company, Inc. and the Will Corporation, in honor of Dr. Philip Hillkowitz. Competitive papers for this award must report original, scientific work.

2. A.S.C.P. Registry Award: $50.00, given for an outstanding paper by a registered medical technologist, whether or not he or she is a member of ASMT. It is not required that the paper report an original investigation.

3. ASMT Awards: a) $5.00; b) $20.00; c) $15.00. Each recipient of these awards also receives a certificate. Contestants must be members of ASMT, but the papers for this award need not be original work.

4. Parasitology Award: $25.00, given by an anonymous donor for the best paper on the subject of parasitology.

5. Scientific Exhibit Awards: There are two certificate awards given: a) for the best scientific exhibit by an individual, and b) for the best scientific exhibit by a state organization.

Don't forget that papers are also acceptable for consideration by the Program Committee, even though you do not wish to submit them in competition for an award.

The deadline for receipt of all papers and applications for space to present a scientific exhibit has been set for April 15, 1952. If you can get your papers in earlier it will be appreciated. Please send 3 to 5 copies of your paper to Miss Mary Nix, Program Chairman, 4931 N. E. Glison, Portland 13, Oregon, and let her know whether or not it is an award-competitive paper, and if so for which award. Also, inform Miss Nix of what equipment (such as a slide projector) you will need, and give complete specifications.

If you wish to present a scientific exhibit, please communicate with Miss Mary Barbara Godfrey immediately. She is general convention chairman, and her address is 2045 N. Farragut, Portland, Oregon. She will give you specifications of the available exhibit booths. Be sure to inform Miss Godfrey of any special equipment you may need in presenting your exhibit —such as tables, chairs, electrical outlets, and so forth.

It is presumed that all members submitting papers or scientific exhibits will attend the convention in person or by proxy. However, you will be notified at a later date whether or not your paper has been accepted by the Program Committee for presentation at the time of the convention. All papers submitted become the property of the American Society of Medical Technologists, and are given to the editor of the American Journal of Medical Technology for consideration of future publication.

Margaret E. Hughes,
Division of Experimental Medicine
University of Oregon Medical School
Portland 1, Oregon

SCIENTIFIC EXHIBITS

Miss Mary B. Godfrey, General Chairman of the 1952 ASMT Convention is very anxious to have a big section of the Exhibit Hall filled with scientific exhibits. There is a lot of space still available. Come on, you State Societies, help us fill them! Let's make this year the best yet and bring outstanding exhibits to share the best in advancement of scientific research with your fellow technologists. Are you doing some special work that you can demonstrate to the rest of us? If you have some special or new techniques, why not share them with us? All State Presidents are being asked for some exhibit from their state. As you who have presented them before know, scientific exhibits are not prepared in a day, so start now and write to Miss Mary B. Godfrey, 2045 N. Farragut, Portland 17, Oregon.

LETTER OF INVITATION TO ALL ASMT MEMBERS

5441 S. W. Hamilton
Portland, Oregon

Dear Friends:

So you are coming to Portland for our National ASMT Convention! Do plan now to make it an all-the-way enjoyable vacation. Visit the National Parks and as many scenic attractions as possible.

We who live in the great "Golden West" envy your first glimpse of the shining mountain playground "Glacier National Park—the Switzerland of America," or Sun Valley with its tennis and swimming or Rocky Mountain National Park with all the grand trailways, or Yellowstone, the first and largest of our National Parks. Whether you enjoy motoring on good roads or ride in our famous streamliners you will like Yellowstone Park, enclosing 3,472 square miles of scenic natural wonders.

Of course, when you reach Portland there are a multitude of "must do" things to see: The Columbia River Highway, Bonneville Dam, a trip to Timberline Lodge on Mount Hood, which we claim to be the finest and most scenic one-day tour in America. We don't mind saying, either, that, in our city, Lambert has the most beautiful gardens in the world. While you are here you will truly enjoy visiting "The Sanctuary of Our Sorrowful Mother" amid our beautiful Douglas fir trees.

Our sea resort, Seaside, less than two hours from Portland, is another "must." This city faces the Pacific Ocean for two miles and is one of many recreational cities, such as Astoria, with its famed canneries and Astor Column.

Some one has said, "there are two kinds of people—those who visited Hawaii, and those who are going to." If you have as much as two weeks

vacation, besides convention time, the popular "Pacific Paradise—Hawaii" could be a reality to you.

From Yosemite National Park in California to Vancouver, British Columbia, you will find refreshing rest in the cool, delightful climate of our vast Evergreen Playground, the gateway to the most unbelievable beauty of Alaska and the Yukon where a vacation is more than a pleasant trip—it's an adventure of a life time!

The magnificent Olympic Peninsula in the extreme "upper left hand" corner of the United States is easy to reach from our convention city. There are areas here not yet reached by white man. From here, on Puget Sound, one may journey on a trip abroad. No passports are required to visit our friendly neighbors, Victoria or Vancouver, British Columbia.

Well, friends, we can't begin to enumerate all there is to see and do. On your return you could go by way of Crater Lake, Oregon Caves, fabulous Hollywood, thence to see Zion, Bryce, and Grand Canyon National Parks in one thrilling trip.

Anyway, come to the Convention, bring your camera, and have a grand summer.

Sincerely,
Avoca McMinis, M.T. (ASCP), ASMT
Member of Hospitality Committee

P. S.—If you desire additional information about travel in the Northwest, please write Caroline Raschio, M.T. (ASCP) Transportation Committee, U. S. Veterans Hospital, Portland, Oregon, or Dorothy Van Nuys Travel Service, Lipman Wolfe and Company, Portland 7, Oregon.

SUN VALLEY INVITES TECHNOLOGISTS

Mr. W. P. Rogers, General Manager of Sun Valley, has extended a special invitation to all of us to visit that famed Idaho resort. A delightful time is promised to all.

Special coaches and sleeping cars will be provided for our use, on Union Pacific trains leaving Chicago and St. Louis June 18. Members from the South and the Gulf States will find excellent train service to St. Louis or Kansas City, making a direct connection with Union Pacific's "City of St. Louis" for a Sun Valley stop-over.

Members from Western Oklahoma and Texas will use through service to Denver, making a direct connection there the morning of June 19 with the "City of St. Louis." Members from the East using the Chicago gateway will leave on the "National Park Special."

All of the groups will meet at Green River, Wyoming where the special train will be made up. Just think of the fun we will have on our own special train. But don't forget, we will have to join together—125 strong—in order to obtain this special service. So plan now, to join the "gang."

The all-day visit to Sun Valley, Idaho, costs only $11.50 per person and includes three meals and a thrilling ride on the Baldy Mountain ski lift.

Like to eat? Nothing but the best for us—as we have been promised "out of this world" meals at reasonable prices. And that trip down the Columbia River Gorge during daylight hours is said to be one of the most scenic in America. You just CAN'T afford to miss this trip, girls!

ENTERTAINMENT

To facilitate the planning of the Entertainment, please check those functions you wish to attend and send them to: Miss Agnes Marie Lyman, 4015 S.E. 30th Avenue, Portland, Oregon.

Sunday, June 22: Tour of the city .....
Reception .....

Monday, June 23: Fashion luncheon .....
Tuesday, June 24: Timberline Lodge Buffet Supper .....
Wednesday, June 25: Sisters dinner; Dorchester House .....
Annual Banquet; Multnomah Hotel .....
Friday, June 27: Trip to Oregon beaches .....
The entertainment committee would appreciate a reply by May 15, 1952.

APPLICATION FOR HOTEL RESERVATION

Annual Convention, June 22-23-24-25-26, 1952, Portland, Oregon.

The Chamber of Commerce of Portland, Oregon, has established the following convention Housing Policy:

1. All reservations for conventions shall be made at least 14 to 30 days in advance, depending on the size of convention. $5.00 deposit shall accompany each reservation. Any rooms not so reserved in advance shall be released.
2. All reservations must be made through a housing committee appointed by convention itself, which housing committee shall in turn make reservations with the hotels.
3. No reservations for single rooms will be accepted.
4. All reservations must be in by May 15, 1952.

There is no hotel in Portland that can accommodate all ASMT members, delegates and visitors. The Heathman Hotels have been set aside as Convention Headquarters and rooms in these will be used for official delegates unless they express a wish for other accommodations. We have been assigned twelve hotels in the heart of Portland, all within walking distance of the Masonic Temple where all official activities of the Convention will take place.

Double rooms: $4.00-$4.50-$5.00-$6.00-$6.50-$7.00.
Twin beds: $4.50-$5.00-$5.50-$6.00-$6.50-$7.00-$7.50-$8.00-$8.50.

Please make hotel reservations as noted below and mail to: Chairman of Housing Committee: Mrs. Elsa R. Thompson, M. T. (ASCP) 7609 S. W. 33rd Avenue, Portland 19, Oregon.

Please reserve .....room(s) for .....person(s) Twin beds.....
Dble beds.....

Arrival time ..... Departure time .....
date hour date hour

If driving would you prefer a Motor Court? .....
yes no

Delegate.....
yes no

I have no roommate but would like to share a room .....
yes no

List name of room occupants with street address city state

A $5.00 DEPOSIT SHOULD ACCOMPANY EACH ROOM RESERVATION.

Please make checks payable to: Chairman, Housing Committee.

APPLICATION FOR SISTER HOUSING ACCOMMODATIONS:

All Sisters will be housed at Providence or St. Vincent's Hospitals in the Nurses' homes. Please make reservations as follows:

name address city state

.....

.....

arrival time date hour departure time

.....

.....

Please make reservations with Chairman of Housing Committee: Mrs. Elsa R. Thompson, M.T. (ASCP), 7609 S.W. 33rd Avenue, Portland 19, Oregon.

AMONG THE NEW BOOKS

PHASE MICROSCOPY, by Alva H. Bennett, Helen Jupnik, Harold Osterberg and Oscar W. Richards, Research Laboratory, American Optical Company, Stamford, Connecticut, 320 pp., 79 figs., $7.50, New York, John Wiley & Sons, Inc., 1951.

Since the possibilities of the phase method of microscopy have been found so extensive, this book presents suggestions of the very greatest value to practically all microscopists. It deals with the investigations of numerous microscopists engaged in scientific and technical work since the beginning of new and outstanding progress in this field since Prof. F. Zernike announced the application of the phase contrast method in 1935.

It has made possible the microscopy of an important class of materials which heretofore could not be satisfactorily examined with previously existing methods. The long bibliography at the end gives an idea of the extensive research already done relating to this subject.

This book presents the elementary theory and, although it has been simplified, it is still sufficiently precise to be of use to anyone wishing a theoretical understanding of the principles involved, and yet is not beyond the ability of one with only a moderate understanding of mathematics. The introduction deals with the subject of seeing microscopic particles, gives a little of the historical background of this type of microscopy, and the optical fundamentals. Then follows the elementary theory, dealing with the phenomena of all microscopes and then of the phase microscope. One whole chapter is devoted to phase microscopy in biology and medicine. When desired, color contrast may be combined with phase contrast. Cells, tissues, and organisms too transparent in normal state to be seen with other methods of microscopy, are well suited to examination with the phase microscope. It provides greater and more useful visibility for urine sediments especially casts, blood cells, epithelial cells, trypanozomes, and unstained kidney section. A section is devoted to its use in hematology, also another in bacteriology, embryology, and histology. The increased visibility makes possible many experiments with living processes not possible with other methods, as it reveals details in unstained living cells.

Phase microscopy will lighten much of the laboratory work of clinical diagnosis and its use in investigative medicine will assure us of the development of improved methods that will become routine in clinical, forensic, and laboratory medicine.

1ST ANNUAL REPORT ON STRESS, Hans Selye, Prof. and Director of the Institut de Medicine et de Chirurgie experimentales Universite de Montreal, 511 pages, $10.00, Acta, Inc., Medical Publishers, Montreal, Canada, 1951.

This book is the first of a series of annual supplements to the book "Stress—The Physiology and Pathology of Exposure to Stress." The book "Stress" published in 1950 is devoted to concepts of G-A-S (general adaptation syndrome) and diseases of adaptation. In 1936 it was noted that animals exposed to a variety of non-specific damaging agents responded with a discharge of adrenaline and also of adrenal cortical hormones. Simultaneously, their resistance to numerous damaging agents was increased. This suggested that perhaps in man also all the systemic diseases and all the strains and stresses of normal life are met by similar defensive corticoid production, and then developed the realization that here we are dealing with one of the fundamental adaptive reactions of vertebrate organisms. From these observations, showing that Nature herself has foreseen a general defensive mechanism, it seems that a promising way to treat the stress factor of disease would be to "imitate the physiological counter-shock-phenomena" i.e., by administering supplemental ACTH or corticoids and so by supplementing the natural systemic defense reaction, to develop a new approach to therapy. However, several years

later, it was shown that under certain circumstances, the administration of ACTH and corticoids could in itself become the cause of disease. Here we are dealing with diseases due to excessive or abnormal adaptive reactions and so the theory of G-A-S and the diseases of adaptation were formulated, and there is still hope that a better understanding of G-A-S may furnish a powerful new weapon in the treatment of disease.

Duplication of material already presented in "Stress" is to be avoided in the annual reports. Each section is a complement to the corresponding section of "Stress." This 1st Annual Report, reviewed here, is not an abstract journal, but a treatise—a guide to the entire literature on Stress. It is increasingly important that data published throughout the world in different languages and in different journals be systematized due to the ever increasing volume of scientific production. This present report had to deal with 3000 references almost all published in the past academic year. These are the ways in which this annual report will be of help to you.

1. Finding facts and publishing them lucidly.
2. Examining your own and all other pertinent data critically.
3. Eliminating the untrue and unimportant.
4. Correlating newly acquired significant facts, by integrating them into existing body of classical knowledge.

The annual reports are not meant to be read from cover to cover. The introduction to this volume presents a few remarks on how this literature should be read. More than one half of the copies go to non-English speaking peoples. The trend today is for the English language to become the international language of investigation to replace the Latin which was used for centuries. If English is to be adopted, it must be simple in style, and it is of more importance that it be generally understood than that it be written with elegance. Therefore the material in "Stress" is described in brief, simple sentences. Every effort is made to expedite the task of finding specific information on any one problem without having to wade through lengthy discussions on unrelated subjects. For the study of broad subjects, the table of contents should be consulted. For those who do not have time to study the general structure of the volume carefully, the subject index will be useful. The entire volume is subdivided into two main sections.

A. The General Physiology and Pathology of Stress.

B. The Special Physiology and Pathology of Stress.

The report gives a brief synopsis of the stress concept as it presented itself in 1951, the objections against the stress concept, definitions and terminology, and ends with a section on some after-thoughts on a unified theory of medicine.

Esther Lemont, Milwaukee, Wisconsin.

A PUBLIC RELATIONS HANDBOOK FOR MEDICAL TECHNOLOGISTS

Published by the Public Relations Committee,
American Society of Medical Technologists.
(1952)

(Additional Copies in small handbook size may be obtained by writing to Department PR, American Society of Medical Technologists, Suite 25, Hermann Professional Building, Houston 25, Texas.)

Objectives of our Public Relations Program:

1. To maintain and improve the high quality of professional performance by members of ASMT.
2. To seek greater recognition of the medical technology profession and of its members by pathologists, the medical profession, and the general public.
3. To increase interest in and education for the profession of medical technology.
4. To stimulate participation in the activities of ASMT by all professionally qualified medical technologists.
5. To show the vital and integral relationship of medical technology to the other healing professions.
6. To engage in a widespread information program at the district level to tell the story of ASMT, its purposes, plans, and activities.
7. To interpret the meaning and contribution of medical technology to the lay public, particularly young persons who may seek careers in the profession.
8. To create goodwill for and eliminate misunderstandings about medical technology whenever and wherever the opportunity arises.

What is Public Relations?

The objectives listed on the preceding page seek to increase the professional stature of our work. Their successful attainment will benefit each of us as individuals and all of us as organized members of an active, alert, progressive society.

But before we can attain greater recognition, we need to do a better job. We must be aware of and discharge our responsibilities as members of a fast-growing profession that demands a high degree of technological skill and unswerving moral and intellectual integrity.

This means we must perform at top efficiency in our everyday jobs. Only then can we take the next step and sell our profession to others as an integral part of the healing arts, as a profession that deserves the respect, admiration, and support of society, as something essential to the welfare of the people.

When we do the best job we know how, when we then tell others about it, with all of the force and sincerity at our command, and when others believe in us and our work, we shall have accomplished our public relations goal. That's the essence of public relations—getting credit for doing a good job.

Now, of course, we'll probably never convince everyone that we're essential, or indispensable, or, in some cases, even important. But to the extent that we believe in ourselves and to the extent that we can convince others of the importance of our work, to that extent we shall have succeeded in our public relations program.

To outline briefly how some of this recognition may be attained is the purpose of this handbook. It has been prepared by the Public Relations Committee as a guide for officers and committee members at all levels—district, state, and national.

It contains no dicta, but merely suggestions which may be adapted to individual locations and situations. It can also serve as a guide to the constructive activity of individual members. Its purpose is clear—to help the profession of medical technology and those who practice it.

How to Start

We've agreed that doing a good job in itself is not enough. We've got to impress others. How do we do it?

Each member can name himself a committee of one and set to work. Or each formal group—district, state, national—can organize a program and attack the problem as a group, with definite objectives, assigned tasks, and constant supervision.

Obviously, the latter idea is the more productive. But even so, each member can do a lot of things all by himself that will help. These will become apparent later in this handbook.

When the formal group has determined that public relations is a good idea and something should be done about it,

First—appoint a committee of active, interested, live-wire members;

Second—give it something to do; map out a program; concentrate on a few well-defined objectives; don't bite off too much at first; be realistic about how much you can accomplish in a given length of time;

Third—consult with the committee; watch its progress; prod it on; encourage it; in short, once you have it, use it.

Whom to Shoot For

Before we go much further, we should define our "publics." There's more than one, you know, and public relations experts these days are much concerned with categorizing them. A "pub-

lic" is any group with common interests. And we're trying to reach some special publics and some general publics.

Here's a list of some of the publics we're trying to reach, or, if you will, to impress favorably:

Other Medical Technologists. They're not all members of ASMT, you know, and we want them in the fold. The more members we have, the sooner we reach our goals. We need every one we can get, so let's not forget them.

Pathologists. They're pretty important in our lives just as we are increasingly important in theirs. But they're not all sold yet. We can't ignore them.

Nurses, Dietitians, Physical Therapists. They're not medical technologists, but a lot of people think we do their work. We want everyone to know the difference. Everybody's specialized these days, so maybe it's to our advantage, too, to keep them on our side. With a little urging, they might help us point out the importance of our different contributions to health and the treatment of disease.

Hospital and Laboratory employes. They're pretty important, too. They can help us if we recognize them and their work.

Medical societies. If they think we're OK and tell others, we've made big strides. We're all part of the big picture.

Educational institutions. It's here that we do our recruiting. They need to know our standards, and we need to know something of their problems. It pays to keep them informed.

Government officials (elected and appointed). Lots of us work in government labs these days. Recognition and promotions and maintaining standards and supplying qualified personnel all count here.

Other professional groups. We get professional status only to the extent that other professions accept us as professional people. They need to be cultivated.

Vocational Counselors. Here's a special group in educational institutions that help determine the careers of our future supply of medical technologists. We must make every effort to assist and inform them.

Communications Media Representatives (newspaper, wire service, magazine, radio, and television writers, editors, publishers, and producers.) Here's a mighty important group of people who are as yet largely uninformed or misinformed about medical technology. We must sell our profession and its importance to them.

You can think of others, no doubt, but these are some of the segments of the population, some of the publics that we are interested in reaching with the story of medical technology. It will benefit us greatly to tell it often and well.

What to Do

By now you're probably thinking, "When do we get to the publicity? That's what we want." Yes, it's important, and we'll get to it. But not just yet. Once you've determined your objectives and organized your committee, there are a lot of good public relations ideas that haven't much to do with publicity as we commonly think of the terms.

Here are some of them. They're all pretty simple, but they pay off big dividends when you practice them with a little fervor.

Smile. On the job and off, give everyone you meet a big smile, a hearty greeting, a kind word. Just imagine, if all of us did that, pretty soon all of our associates on the job and all of our friends off the job would soon think we had the best kind of employment anyone could possibly get.

Boost Your Job. Always tell everybody you're in the best profession there is. Never knock your own work. When you think it's a good deal, other people will think so, too.

Be Active. Take part in your society's affairs. Contribute your services. Give the benefit of your ideas; then help carry them out. Don't confine it to medical technology. Meet lots of people; take part in church, club, and civic affairs in your community. Make speeches and supply speakers at every opportunity.

And don't forget to pitch all the time for medical technology. Remember that you have three ways to make contacts:

In person

By telephone

By letters

Make all three count; don't miss an opportunity.

For example, you may be on a program committee. Before the date, give the speaker all the dope by letter or telephone. On the date, give him a lot of personal attention; make him feel at home. After the date, write a "thank-you" note.

If you do these things, you're sure to make a hit for medical technology. Your speaker can only remember that "those medical technologists are sure on the ball."

That's when you succeed in public relations. The whole idea is really that simple: to have people think you're tops.

What we've been saying is that you practice the Golden Rule for all it's worth—not deceitfully, but honestly and sincerely. Some public relations experts have defined public relations as nothing more or less than practicing the Golden Rule. But don't minimize the difficulties. It's a big job, but you can't go wrong by doing it.

This Thing Called Publicity

Public Relations encompasses, first, the whole broad area of professional and personal conduct and, second, telling about the effectiveness of performance. But publicity confines itself to the "telling" phase; i.e. public notice through various media of communications.

Broadly speaking, these include any form of the written or spoken word that may be appropriate, available, and possible:

Personal contacts—with one person or a group, formal or informal.

Telephone calls—usually to a single person.

Literature whose production and distribution are supervised and therefore controlled by ASMT itself—brochures, booklets, pamphlets, folders, circular letters, etc.

Other Media not controlled by ASMT and whose use of material about ASMT is determined by its interest to other people:

Newspapers

Wire Services (AP, UP, INS)

Feature News Services

General Circulation Magazines

Specific Magazines, or Trade Journals

Radio Stations

Television Stations

Please note that we said "appropriate, available, and possible."

Not all media are appropriate. For example, we wouldn't normally have any news of interest to the readers of a petroleum journal. Consequently, we wouldn't make much effort to send the editor news, and he wouldn't print it if we did.

Not all media are available. In some of our localities, there may be no major wire service office, or no TV station, or no general magazine editorial headquarters.

Not all media are possible. General circulation magazines use only stories of interest to a wide cross section of the population. Most radio stations make no time available for routine announcements. TV stations have rigid program requirements. And almost all publicity activities in some way cost money; often the ascertainable benefit doesn't justify the cost, as, for example, some elaborate exhibits we might install. Our funds are limited and must be apportioned.

There are other variations of these restrictions, of course. Suffice to say, it is not always possible to do everything we'd like. While we want to do all we can within the limits of the time and money we can spend, we must recognize that we can't do everything; and we must therefore map out a realistic publicity program possible of attainment.

The Personal Touch

It doesn't cost much money, or even time, if it's budgeted properly, to make the most of:

Personal contacts—we're limited only by our own interest and enthusiasm.

Telephone calls—the same thing goes here.

Letters—costs very little, just some time, paper, and stamps.

Literature

In telling our story, we should be consistent, accurate, and repetitive. Whether we're seeking recruits for the profession or writing a report for our members, we must tell the same story, a true story, and tell it over and over again.

Because we want to make our money go as far as possible, we should:

1. Print only a few brochures and folders, with crisp, brief, clear language that answers the questions the readers may ask.

2. Circulate them widely, quickly, so that we get the broadest coverage and the most impact for the least money.

(This will be the policy of the National Officers and the Public Relations Committee, but it is well to practice the policy on the state and local levels.)

Other Media

Now for some notes on what we've called "other media," those whose editors determine what each medium uses on the basis of interest value to the readers, listeners, or viewers.

The main one of these is, of course, the newspaper. It is available in every locality, appropriate for news dissemination, and possible to include in every publicity program when the publicity is really news.

Newspaper coverage of events often leads to magazine inquiries, or wire service re-writes, or feature service stories, or radio use, or TV tie-ins.

Newspapers are basic to any publicity program. That's why we shall devote the final section of this handbook to a discussion of newspaper publicity.

Hints For Publicity Chairman

Each state and district society should have a Public Relations Committee which concerns itself with the broad public relations job of the society, working in close cooperation with the president and other officers.

One of these members should be designated Publicity Chairman and should work closely with the other committee members and with the president and other officers. This may seem at first undesirable overlapping, but it will pay dividends by keeping the Publicity Chairman fully informed of all activities.

The PR Committee Job

The Public Relations Committee should:

1. Keep informed of the society's plans, program, and activities.
2. Prepare a schedule of the year's activities.
3. Outline a publicity program for the year.

The Publicity Chairman's Job

1. Secure all the facts on every newsworthy event—the who, where, what, when, and, if pertinent, the how and why.
2. Check the facts; make certain all information is correct.
3. Write the story.
4. Mail the story.
5. Be available to supply additional details.

What Makes News

Election of officers
Technical programs
Conferences
Promotions
Awards
Open Houses
Seminars
Panels
Resolutions
Committee Reports
Social Events
Graduations
New Jobs
Public Service Activities

All of these have several aspects. Meetings can be district, state or national. Name speakers make news. Aid in civil defense activities is a "natural" for public service recognition.

The criterion is this: If the story would interest you if you were reading the newspaper, then it will interest others—and the editor who decides whether your story is printed or thrown in the wastebasket will make his decisions on this same basis.

Some People You Should Know

Newspapers have a finely defined division of labor. If the paper is small, one man may do the whole job of preparing copy, but if it's medium-sized or large, there'll be a flock of specialists on the staff. You should get to know them:

The reporter—he writes the story. He may "cover" the story as it takes place, or drop around later, or call on the phone, or re-write your story. He usually doesn't write the headline, or decide on what page the story appears; this is done by an editor on the "desk".

The city editor, or news editor—he supervises the collection of all local news. He's the reporter's boss.

The picture editor—he bosses the photographers. He's responsible for all photographs, usually under the direction of the city editor

The columnists—get to know them. They use feature stories and other "copy" which might not be able to compete with the city news.

The society editor—she can be very helpful. A lot of our activity falls into the general classification of society news. It's easier to get material in special sections, if it fits the copy requirement, than it is to compete with more sensational city news.

The education or school editor—Here's a person you shouldn't overlook. Much of our news is really education news.

There are other specialists on newspapers, of course, but these are the main ones you should know. Others you'll run into as our program moves along.

Some Suggestions

Read the papers regularly. See what's in the news. How does our activity resemble it? Are we doing something equally as important? Would a story on what we're doing be just as good?

Call on the local editor. Get to know him. Telephone him when you need to, but find out his deadlines and don't call when he's busy.

Tell the editor who you are and something about ASMT and your local society. Give him your address and telephone number, so he can call you if he needs to check back with you anytime.

If you don't like something in the paper, write the editor a letter. If medical technology is wrongly labeled or incorrectly explained or left out, write the editor a letter. If the girls in a lab picture are called nurses and they're not, let the editor know. But be courteous, not rude. **Letters to the editor are potent publicity devices when they're on solid ground.**

Invite the editor to send a reporter to your lab to see what goes on and how you work. The result may be a good feature story that points up your contribution to the people's health and welfare.

Don't ask to see a story before it's printed. It'll be used or discarded on its own merit as news.

Don't ask when it will appear. Leave that to the editor.

Don't complain if the paper makes a slight error.

Don't give out exclusives. Most of your news is general. If you have more than one paper in your town, you want all of them

to use your story. So send it to all of the papers at the same time.

Mark your stories for "immediate" release unless the time element prevents it. If it does, then write at the top of your release: "for release after 3 p.m. (date)" or whatever time it may be when the talk or the event or the announcement is scheduled to take place.

Put your name, address, and telephone number and the name of your society on every release, so the editor can check if he wants more information.

When you send photographs of people to newspapers, make them at least 5 by 7, and preferably 8 by 10. Send portraits on individuals; they have a better chance of being used in one-column sizes in the paper.

Check your editor on his picture requirements. If he has a photographic staff, send photo memos when you have some newsworthy event coming up. Include the who, what, when and where in the memo just as you would in a story.

Mail your stories first class. If you send photos, use stiff cardboard to prevent damage to the print. Always send glossy photographs, not mat finish pictures.

Preparing Copy

Here are some pointers for preparing copy:

Use 8½ by 11 plain white paper.

Type all copy.

Double space.

Keep a carbon (for reference and file).

Don't forget the who, what, when, where, and how and why.

Use the first name and second initial, or the first two initials of all persons mentioned in the story the first time they're mentioned. Better use "Miss" or "Mrs." if applicable, but not "Mr."

Use wide margins at right and left.

Start the story one-third down from the top.

Don't split a paragraph at the end of a page.

Use only one side of the paper.

Don't split a word at the end of a line.

Use an end mark (————————) at the end of the story.

Use the word "more" at the bottom of the first page if the story is longer than one page.

Don't editorialize; stick to facts.

Use a source for all information; **i.e.,** the name and title of the person who reported, or announced, or said what's in the release.

Don't put headlines on the story; leave that to the newspaper staff.

Don't expect your story to appear as you wrote it.
Use short paragraphs (three or four lines at most).
Use short sentences; state the facts, clearly, simply, briefly.
Keep it SHORT.
Be Honest.
Be Helpful.
Be Clear.
Be Complete.

—And you'll get publicity. Your society will benefit and the whole public relations effort of ASMT will improve.

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